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ABSTRACT

This document presents a curriculum for counselors to use with parents and their children between the ages of 10 and 13. It consists of an introduction and detailed descriptions of four educational sessions. The introduction describes the rationale and background information, curriculum organization, criteria for leaders, values, an overview of teaching techniques, and information on planning and conducting a successful program. The first session is designed for parents only; the three remaining sessions are for parents together with their young adolescent children. Each session lasts 2 hours. Each session description includes an outline, a checklist for materials, educational activities, and, when applicable, leader resources and handouts. For each educational activity in the curriculum, several issues are spelled out for the leader: the purpose of the activity, the materials needed, the approximate time needed, the procedure to be followed, and discussion points to be made in concluding. In some cases planning notes indicate specific tasks that need to be done prior to the activity described. Session 1, For Parents Only, helps parents understand their role in the class and promotes awareness and acceptance of the curriculum. The following three sessions involve both parents and children: (1) Puberty; (2) Information and Values; and (3) Decisions and Communication. How to create a brochure, a sample brochure, facts about adolescent sexual behavior, and general information on Acquired Immune Deficiency Syndrome (AIDS) and Aids-Related Complex are appended. (NB)

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Families Talk About Sexuality:

A Parent/Child Curriculum



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Carol Hunter-Geboy
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FAMILIES TALK ABOUT SEXUALITY

**A Curriculum
for Parents
and Their Children
Ages 10-13**

**Carol Hunter-Geboy
and
Pamela M. Wilson**



**American Association for
Counseling and Development
5999 Stevenson Avenue
Alexandria, VA 22304**

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FAMILIES TALK ABOUT SEXUALITY

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INTRODUCTION TO PROGRAM

We have provided this introduction as a guide to using the curriculum. Please spend time reading each section before you begin to implement the program. We feel that it will be very helpful to you. The introduction covers the following topics.

- **RATIONALE AND BACKGROUND INFORMATION**
- **ORGANIZATION OF THE CURRICULUM**
- **WORKING WITH PARENTS AND CHILDREN TOGETHER***
- **CRITERIA FOR LEADERS**
- **UNDERLYING VALUES**
- **WAYS TO MAKE THE PROGRAM MORE BENEFICIAL**
- **WAYS TO ENCOURAGE DISCUSSION**
- **SETTING THE STAGE FOR POSITIVE GROUP INTERACTION**
- **PROCESSING AN ACTIVITY**
- **BEING AN EFFECTIVE GROUP FACILITATOR**
- **OVERVIEW OF TEACHING TECHNIQUES**
- **MARKETING YOUR PROGRAM**
- **MAINTAINING ATTENDANCE**
- **SELECTING PARTICIPANTS**
- **PLANNING AND IMPLEMENTATION STEPS**

Read and Enjoy!

RATIONALE AND BACKGROUND INFORMATION

When the subject is sexuality, parents are often caught in the middle between provocative media messages and peer misinfor-mation on the one hand and a conspiracy of silence on the other. Many parents say they want to talk freely and comfortably with their children about sexuality and sexual values but they don't know **how, when, or what** to say! It is often difficult for even the most motivated parent to get the help he or she needs to be able to express personal values or to provide specific information to youth about sexuality. Even in a society as saturated with sex and sexuality as ours, there is still relatively little permission for people -- even family members -- to **talk** with one another about sexuality.

The American Association for Counseling and Development's (AACD) Family Communication Project was developed to bring parents, their preadolescent children, and professional counselors together in the hope of increasing communication and with the long term goal of preventing teenage pregnancy.

The importance of facilitating family communication is underscored by several facts:

- Most parents say they want to be the primary sexuality educators of their children.
- The same parents say they don't know how to talk to their children about sexual issues and want help from professionals.
- While many parents discuss biological issues arising at puberty (e.g. menstruation, wet dreams and hygiene) with their children, few mothers and even fewer fathers discuss sexual feelings or sexual behavior, such as premarital intercourse or using birth control.
- There is some evidence that when parents do talk to their children about sexual feelings and behavior, young people are more likely to delay the onset of sexual intercourse and to use contraception more effectively once they begin having sex.
- Sexual activity among teens increased dramatically (by as much as two-thirds in large metropolitan areas) during the 1970s, but has begun to decline during the 1980s. This varies to some degree from community to community but rates of sexual activity continue to be alarmingly high.
- Each year, one in every ten young women becomes pregnant. Most of them are unmarried, and most of their pregnancies are unintended. Having a baby usually interrupts their education and interferes with their ability to become economically self-sufficient.

AACD's development of the Family Communication Project reflects several assumptions about preadolescents, parents and counselors:

Preadolescents -- are usually not sexually active; still have strong affectional bonds with their parent(s); are not as influenced by peer pressure as they will be later; and have concerns about the physical and emotional changes they are/will be experiencing at puberty.

Parents -- want and need help talking with their children about sexuality; probably never had role models for such communication; need support from other parents; and can increase their comfort and communication skills by participating in such a program.

Counselors -- already play a viable, visible role in the lives of young people and their parents; know and understand the problems confronting youth and families today; have excellent interpersonal and communication skills; and have credibility as professionals who care about and can help families.

The Family Communication Project consisted of four major tasks completed during the three-year tenure of the project:

- Developing a four-session course that assists parents and their 10 to 13-year-old youth in discussing sexual information and values;
- Training 120 elementary and middle school counselors to conduct the course for groups of parents and children;
- Monitoring the implementation of "Families Talk About Sexuality" programs throughout the U.S.
- Evaluating the success of the programs put into place by trained counselors around the U.S.; and
- Training a small cadre of counselor trainers who can offer training to other counselors who wish to use the curriculum.

The curriculum, Families Talk About Sexuality, has been field tested by counselors trained to conduct the educational course for parents and their children. The four-session course provides information and encourages positive communication between parents and preadolescents about human sexuality, family values, and teen sexual behavior.

ORGANIZATION OF THE CURRICULUM

This curriculum consists of an introduction and detailed descriptions of four educational sessions. The first session is designed for parents only; the three remaining sessions are for parents together with their 10 to 13-year-old children. Each session lasts two hours.

Within each session description we have included an outline, a checklist for materials, educational activities, and when applicable, leader resources and handouts. These are described below:

- **Session Outline:** Each session has an outline that lists the suggested alternate activities with approximate times needed for each. If more than one activity is listed for a block of time (e.g. Session I: "Journey" -OR- "Early Memories"), you must examine each alternative and make a decision about which activity you will use for the session. You may choose to use different alternative activities for different groups.
- **Checklist for Materials:** Following the Session Outline is a checklist of materials you will need for each session. You will have to make a decision about the alternative activities you will conduct, then prepare for the session by being sure you have all necessary materials for each activity you will conduct in the session. Any handouts included on the checklist must be duplicated so you will have a copy for each participant.
- **Activities:** For each activity, we have included all the information that will be needed for preparation and implementation.
- **Leader Resources:** When formal, factual presentations are indicated, the activity descriptions are followed by an outline of factual information for the leader to use either as lecture notes or as resource materials when answering questions.
- **Handouts:** Several of the activities call for handouts to be given to participants during the session. In most cases, the handouts are worksheets or questionnaires to be completed during the activity. Each activity mentions which, if any, handouts will be used.

For each educational activity in the curriculum, several things are spelled out for the leader: the **purpose** of the activity, the **materials** needed, the **approximate time** needed, the **procedure** to be followed (often including examples of introductory comments you might make), and **discussion points** to be made in concluding. In some cases **planning notes** indicate specific tasks that need to be done prior to the activity described.

Leaders need to prepare in advance to become familiar with each activity and to determine how each is supposed to be conducted. See the section on "Planning and Implementation Steps" for more information.

WORKING WITH PARENTS AND CHILDREN TOGETHER*

In the "Families Talk About Sexuality" program, where parent and child attend the educational program together, parents participate as "team teachers." Parents must actively participate in the educational experience instead of passively observing their child learn.

Setting the Stage: The First Session

The introductory session, "For Parents Only," helps parents understand their role in the class and promotes awareness and acceptance of the curriculum. During this session, explain the philosophy of the course, course content, and the role of parents in the sexuality education process both in the classroom and at home. When only one parent participates with the child, discuss ways that the "absent" parent can be incorporated into discussions at home. At the same time, acknowledge that single parents are in a different situation and may have concerns that need to be addressed. Also in the introductory session, encourage parents to share stories from their past, feelings about their own body changes during puberty, experiences during pregnancies and deliveries, and opinions and values related to all aspects of sexuality. This helps to build group cohesiveness and clarifies for parents how they can help shape their children's experiences so that they are more positive.

Parents may ask specific questions regarding curriculum content at the first session. They often want to know if and how the subjects of masturbation, intercourse, birth control and abortion -- to list a few -- will be presented. They want to know what kind of value position will accompany the facts. Discovering that the leader will present basic facts, discuss a wide range of values, and refer youth back to parents for their specific values is usually reassuring to the parents. Parents also want and need reassurance that sexuality education is beneficial, rather than detrimental to the child's well-being. The myth that sexuality education increases curiosity and leads to experimentation still exists.

* Ideas from Brown, J. "Parent-Child Sexuality Programs," in Sexuality Education: A Resource Book. [C. Cassell and P. Wilson, Eds.]. New York: Garland Publisher, 1988.

Other parent concerns may include telling youth "too much too soon"; knowing all the "right" answers; getting children to ask questions; gaining comfort with sexuality; and learning ways to give contraceptive information without condoning early sexual activity. Some of these concerns may best be handled by asking other parents in the group to respond, in addition to the leader offering his or her own ideas.

On the issue of "having all the right answers," it is important to emphasize that the goal of this program is increased communication. Parents do not need to have all the answers. Instead, they should identify a variety of informational resources and use them freely. However, you may need to correct a parent's misinformation during a session and that must be handled very sensitively. In order to avoid the parent's embarrassment, say something like "a lot of people believe that" and then go on to clarify by saying "but the correct meaning is..."

Including the Children

In session two, the children join the program. It is important to help them become part of the group immediately. The warm up activity, "Find Someone Who," helps the group have fun and begin to gel.

Once the children have joined the group, remember these guidelines:

- Present all information at the children's level.
- Do not pay more attention to parents than to the youth.
- Give the youth time to feel comfortable. Invite them to speak but do not pressure them. Allow them to choose who they will work with in small groups or dyads unless the curriculum specifically states that they work in family units.
- Stress that communication is a two-way street. Both parents and children have to work to make it happen.

Dealing with Values

Questions concerning personal and social values often emerge in a program that involves parents and youth. Adults and youth may express different points of view or values about a specific issue. Individual adults' values will often differ, as well. There are several things to keep in mind when these questions arise:

- Be sure to present a range of values related to any one issue; for example, "some people believe living together before marriage is OK and other people feel it is very wrong."
- If two persons differ on a particular issue, emphasize the program ground rule of being "nonjudgemental" and reiterate that people often feel very strongly about values, but that individual feelings must be respected.
- Point out that when parents' and children's values conflict, it is important for them both to listen to the other's point of view. The bottom line, however, is that children will have to follow parents' rules as long as they are minors.
- If there are only one or two persons (parents or children) who express a particular value, it is your responsibility to support and reinforce them for standing up for an unpopular position. Be sure to discuss consequences of various value positions.
- If everyone in the group expresses agreement with a particular position, it is useful to point out that some people feel differently; for example, "in another group there were several people who believed..." In many cases, there is someone in the group who shares the minority position but isn't speaking up.

Advantages of this Model

There are several advantages of parents and children participating in a program together, including the following:

- Parents and children both learn the same information and the same communication skills.
- Both develop a common frame of reference and a common terminology.
- Children observe parents becoming more comfortable and see them as more "approachable."
- Parents and children have fun together while learning in a non-threatening environment.
- Parents and children hear each other's points of view on a variety of issues and learn more about one another.
- Parents and children are forced to practice communication skills with one another, initiating a positive new behavior pattern.

CRITERIA FOR LEADERS

The leader is probably the most important variable in determining the success of the program. It is crucial that the leader be well trained. Many leaders who are quite effective with other topics may not be as good in the area of sexuality and family communication. It takes a person with very specific characteristics to teach sensitive subject matter. Some of these characteristics, such as comfort using sexual terminology, can be developed with good training. Others are more basic qualities, such as warmth and a sense of humor, that a person either has or does not have. Research shows that an effective leader of sexuality education should:

- believe in the importance of parents and youth communicating about sexuality;
- respect parents' and young adolescents' capabilities;
- keep well informed about sexual topics, especially topics of interest to families and youth (e.g., media events, current cases, research on AIDS, teenage pregnancy, STDs, sexual abuse, etc.);
- continually explore his or her own attitudes about a variety of sexual issues;
- feel enthusiastic about teaching sexuality education;
- discuss sexuality with young adolescents and parents comfortably;
- use sexual terminology comfortably;
- have good communication and group facilitation skills;
- be capable of using, and comfortable with, a variety of teaching techniques (e.g., role playing, lecturettes, brainstorming, etc.);
- be familiar with common concerns of parents and preadolescent children; and
- have experience with preadolescents (as a counselor, parent, older sibling, aunt/uncle, teacher, etc.).

As counselors most of you have many of these qualities and skills. If you have little specific training in human sexuality, or if your training is no longer current, we encourage you to seek additional opportunities for professional growth.

UNDERLYING VALUES

Programs like "Families Talk About Sexuality" cannot and should not be value-free. Instead, programs should be based upon universal values that form the foundation for our society and are supported by the vast majority of the people in the community. Some of these values may form the basis for a program without necessarily being taught. Such values include:

- Human sexuality is a good, normal and healthy aspect of being a person.
- At appropriate age levels, people should have access to accurate information about physical, psychological, social, and moral aspects of sexuality.
- Parents are the primary sexuality educators of their children. Schools and other agencies should function as partners with parents in providing sexuality education whenever possible.

Other values should be stressed implicitly and explicitly throughout the course. Such values include:

- The worth and dignity of all individuals should be recognized and all individuals should be treated with respect, regardless of their sex, race, religion, culture, or sexual orientation.
- It is wrong to use pressure or physical force to make people do things against their will or values.
- It is wrong to take unfair advantage of, or exploit, others.
- People should be responsible for their own behavior and its consequences.
- Before making important decisions about sexuality and other matters, people should weigh the current and future consequences for self, parents, significant others, and society.
- Open communication is an important part of healthy relationships with others.
- Teenagers should postpone having premarital sexual intercourse.
- Parenthood should be postponed until adulthood.

WAYS TO MAKE THE PROGRAM MORE BENEFICIAL

There are many specific behaviors and strategies through which leaders can:

- help enhance participants' self-esteem;
- reinforce basic concepts from the course; and
- maintain a constructive learning environment.

Enhancing Self-Esteem

Be positive. Whenever possible, react to participants' comments, concerns, and questions in a positive, affirming manner. Let people know their ideas are valuable and important. If a participant states a myth, do not belittle the person. Say something like "A lot of people would agree with you. That point was commonly believed in our society. However, we now know that ..."

Develop a relationship with each participant. Relate to each participant as an individual. Learn all group members' names and use them during group discussions. Knowing the names of some people and not others can damage the self-esteem of the less-noticed ones.

Outlaw putdowns. Make a strong statement about how you feel when you hear a putdown. Give examples of putdowns and/or ask the group for examples. Ask group members to remember a time when they may have been unfairly criticized or teased. Ask them to draw upon those feelings to understand how others might feel when they get put down.

Reinforcing Basic Concepts and Skills

Help participants develop empathy. One universal value that we support in this program is respecting all people as human beings regardless of race, culture, sex, religion, or sexual orientation. Be sure to model and to enforce this ground rule.

Reinforce communication skills. The best way to reinforce communication skills is to model them yourself. Listen carefully to members of your group. Maintain eye contact with them.

Model using appropriate language while accepting the terms participants use. For example, if someone comments "little boys hold their things when they pee," you can say, "That's right, little boys are taught to hold their penises when they urinate."

Intervene when participants make unclear or hazy statements. "I'm not sure I'm following you." "Say that to me one more time." "Are you saying that...?"

Maintaining a Constructive Learning Environment

Make the room where you meet a special place. In as many ways as possible, establish an atmosphere in your room that encourages participants to feel important, unique, inspired, and accepted.

- Choose a room that is physically comfortable -- adult sized chairs and tables, good acoustics, quiet and uninterrupted space.
- Display posters, art work, and other visual materials that brighten the room.

Meet people's personal needs. Remember that getting to an evening meeting can be difficult for parents, whether they work or not.

Have food available -- coffee and tea, sodas, and juice as well as something to eat. Snacks should be nutritious and appealing to adults and young people. If possible, try to arrange for a volunteer who can provide child care -- that may enable single parents who have young children to attend.

Be yourself. Allow your own personality to influence the group atmosphere. You do not have to assume a stereotyped role of "the effective sexuality educator." Although we have identified certain qualities that we think are important for any leader to have, it is probably most important to come across as an authentic human being with real emotions, a sense of humor, and strengths as well as weaknesses. However, be sure to avoid bringing your personal problems to the program. Participants do not need to know about your troubled home life or your conflicts with fellow leaders.

Facilitate discussion in a relaxed manner. Too often, educators get impatient when participants do not respond to a question. They immediately follow that question with another, then another. As a result, people get overwhelmed. Instead, ask a relevant question, and give group members a minute or so to think about their responses. Silence after a question is often the result of thinking or working up the courage to speak out.

Some leaders take a small point and go over it again and again. About this, one leader says, "Don't beat a dead horse!" This leader recommends discussing a point thoroughly, but taking the cue from the group when interest in the discussion is waning.

WAYS TO ENCOURAGE DISCUSSION

Invite group members to learn about themselves and each other by creating an environment that fosters group participation.

- Select a quiet, private setting for group meetings.
- Be aware that a comfortable learning environment invites active participation. Arrange chairs in a circle so all group members can see one another's faces.
- Model open, honest discussion and sharing about oneself.
- Reduce anxiety by letting participants know beforehand what they will be doing and what will be expected.
- Keep the size of the group small (12-20) if possible.
- Communicate enthusiasm about this special opportunity for parents and children to discuss important topics. Point out how seldom we have a chance to talk about our feelings, especially in areas as personal as relationships or sexuality.

SETTING THE STAGE FOR POSITIVE GROUP INTERACTION

Establish ground rules for group behavior so that parents and young people know their limits as members of the group. Examples include:

- **Confidentiality** -- What we share in this group will remain in this group.
- **Openness** -- It is important to be open and honest, but not to share the details of your own or other people's (family, neighbors' or friends') personal/private lives. It is OK to discuss general situations but not to use names.
- **Nonjudgemental approach** -- It is OK to disagree with another person's point of view, but not to judge or put down another person.
- **I-statements** -- It is usually best to preface personal feelings or values with "I" ... (such as "I believe" or "I feel").
- **Right to Pass** -- Everyone is encouraged to participate in each activity, but it is OK to pass if there is something you really don't feel like sharing or taking part in.
- **No dumb questions** -- Since all questions will be answered, it is OK to ask any question, no matter how silly it seems. A question box will be provided so that questions can be asked anonymously. The only dumb question is the question you have but don't ask!

- **Acceptance** -- it is OK to feel embarrassed or uncomfortable when talking about sensitive topics like values or sexuality.

You may choose one or more ground rules of your own if you feel they are needed.

PROCESSING AN ACTIVITY

"Processing" simply means talking with group members about what they experienced and learned as they participated in an activity. Processing allows you, the leader, to assess and reinforce learning and may require that you repeat or summarize key points as you bring an activity to closure. It is always important to process any activity that you conduct with the group. The following questions may be useful as you process any of the activities in this program:

- What do you think was the point of the activity we just did?
- What did you learn?
- Do you have any questions?
- How did you feel about the activity?
- Who can summarize what you learned from the last activity?

Seeking feedback from the group helps keep participants interested and involved. You won't need to process each activity to the same extent, but be careful to fully discuss any activity that seems to cause conflict or concern among group members.

BEING AN EFFECTIVE GROUP FACILITATOR

Stages of Group Development

Educational groups move through three identifiable, progressive stages. In the simplest terms, these stages can be described as the beginning, the middle and the end of a group's life. Awareness of these three stages and the characteristics of each will provide you with insight into what individuals are experiencing within the group and what the group is experiencing as a whole. In this program, activities have been structured so that the natural group process is followed, not resisted. Particular activities or interactions that would be inappropriate at the beginning of a group may prove very effective later on. For example, less threatening activities should be presented to the group in the beginning, with a gradual movement to increased risk-taking activities as the program proceeds. As the group builds trust, members will be more willing to take risks.

The beginning

- introduce group members;
- establish ground rules; and
- present activities that are non-threatening.

The middle

- group dynamics emerge;
- facilitator acts as supporter and enabler; and
- actual work of the group occurs.

The end

- group approaches completion of its task;
- members evaluate the group experience; and
- group members say goodbye.

Group Dynamics

Members' roles: Roles are sets of behaviors group members exhibit in order to be comfortable, to create a personal sense of identity, to express a point of view, or to protect themselves from scrutiny, criticism or embarrassment. Each person's behaviors can be influenced by group interactions, so what you see in the group may not fully correspond with each member's behavior outside the group.

Some roles help or hinder the group in accomplishing its goal (task roles), while others help or hinder the group in its work as a unit (social roles). Examples include:

Task Roles

- soliciting ideas and opinions
- disputing others' ideas
- straying away from the topic
- asking relevant questions

Social Roles

- maintaining an appropriate sense of humor
- harmonizing
- keeping communication open
- being disruptive

Development of Subgroups: Subgroups are small clusters of two or more individuals who support each other and, usually, each other's point of view. They can form around common roles, beliefs, attitudes, emotional responses or likes and dislikes shared among some of the members. Subgroups also may form on the basis of race, ethnicity, sex, age and so on. The obvious subgroups in this program are "parents" and "children."

Subgroups form within all peer groups, and serve, in part, as communication networks. It is likely that each subgroup will have its own characteristic way of sharing information, including information about sexuality. Be aware of this and try to keep communication channels open.

Subgroups are important because they provide support and protection for individuals within the larger group. This is particularly true for group members who hold minority positions in the group (e.g. the only two boys, the only three Blacks, etc.). Allow supportive subgroups to flourish. However, attempt to integrate the subgroups into the whole group as well.

Polarization: Polarization is the pulling away of individuals or subgroups from one another and from the group's purpose. This usually happens when two or more individuals or subgroups actively disagree and fail to resolve their conflict.

It is often possible to observe polarization dynamics: members may move away from the group; they may sit outside the group arrangement; they may not participate constructively in the work of the group. You must acknowledge this isolation and alienation of particular members in some way. You may choose different responses in different situations. Some of your options are:

- Do nothing other than to observe and acknowledge to yourself that polarization may be taking place.
- Encourage polarized members to rejoin the group.
- Stop the work of the group and provide an opportunity for group members to talk about how they are feeling.
- Before or after the group meeting, speak individually with members who may be feeling polarized.

Risk-Taking: Risk-taking occurs when group members openly acknowledge personal thoughts, feelings, beliefs, values and experiences. It occurs when individuals express feelings about other group members directly to those persons. Risk-taking is difficult for participants because the sharing of personal information can cause them to feel vulnerable and concerned about being judged, ridiculed or disliked.

The facilitator must be supportive of appropriate risk-taking -- that is, personal sharing that contributes to the work of the group. After appropriate sharing, thank the participant or otherwise acknowledge the participant's action. On the other hand, minimize inappropriate risk-taking that is counter-productive to the group's task. In some cases, participants may be sharing information that is much too personal for the group to hear. If this happens, stop the person and suggest that the two of you talk after the session.

Keep in mind the following points about risk-taking:

- Don't ask participants to risk more than you are willing to risk yourself. Model appropriate risk-taking.
- Understand that it is difficult for teens to risk in front of their parents and other adults, and try to remember to support teens when they do share. It may be difficult for both teens and parents to begin to risk -- for example, by talking about feelings or admitting to a lack of information.
- The open acknowledgement and support of individual risk-taking will help build trust and encourage increased, appropriate risk-taking by group members.
- Remember that groups move through stages of development. Risk-taking can begin only when people begin to feel safe in the group. Pay close attention to those who risk early in the group and try to understand their purposes.
- Find a balance between your own personal sharing and remaining aloof in the group. Some self-disclosure can contribute to the trust building process. But excessive sharing by the leader is inappropriate and probably will intimidate group members. Never discuss your own sexual behavior.

Scapegoating: Scapegoating occurs when anyone openly attributes blame to individuals or subgroups for specific difficulties that arise in the group. The victim of scapegoating is usually blamed for what is the entire group's responsibility. Scapegoating may also refer to one member's being teased, discriminated against or left out of the group. It is always a destructive group dynamic since it isolates individuals, breaks down trust, and impedes the effective functioning of the group. As facilitator, you are responsible for being aware of scapegoating, pointing it out to the group, and not allowing it to continue.

Trust Level: Throughout a group's life, the trust level will change in response to a wide range of factors. When members support one another, take risks, confront openly and clearly, and communicate openly, a high level of trust is evident. Trust develops over time, with a facilitator modeling supportive behavior, and with people discovering that it is safe to share thoughts and feelings.

Responding to Unpredictable Group Dynamics

Regardless of the extent of your experience with groups, there will be times when the group faces obstacles to staying focused on its work. We explore here some problems that may arise, despite prior planning on your part.

The Monopolizer: Acknowledge the monopolizer's contribution, but suggest that others may want to share, too. You may want to say something as direct as "Let's give others an opportunity to talk." It is also effective to make minimal eye contact with the monopolizer.

Inappropriate sharing: Sometimes participants will reveal very personal, sensitive information that is not appropriate for group sharing. For example, a group member may begin talking about a rape or incest experience. This may be appropriate within a small group discussion during the "For Parents Only" session. However, this kind of sharing is usually beyond the scope of the "Families Talk About Sexuality" program. As facilitator, acknowledge this sharing and the feelings expressed, but suggest it would be better to discuss this more fully with you alone later.

Silent members: Quiet participants often share more in smaller groups. In many activities we ask group members to form small groups or to pair off for discussion. However, keep in mind that some individuals are simply more introverted and learn best by being quiet and observing. Invite silent members to participate but allow them to be quiet if that is what they want.

Side conversations: Open up discussion in the group by pointing out that there are side conversations. Ask that people share what they were discussing with the entire group if it is relevant, since others may be missing important conversation.

Group gets sidetracked onto another topic: Ask group members how the topic currently being discussed relates to the formal group topic. If there is not a direct relation, ask them either to return to the designated group topic or ask individuals to discuss why it is important to talk about the other topic at this time. Occasionally, it is important to follow the lead of the group, responding to particular concerns when they arise. However, try to stay on track as much as possible, since it will be difficult to schedule additional time to complete the original program.

Facilitator senses that something is going on in the group: Share your feelings in the group, suggesting that you sense something is going on. Ask group members to respond.

OVERVIEW OF TEACHING TECHNIQUES

A variety of techniques is included in the curriculum so adults and teens will find the program interesting and challenging. Several different teaching techniques are described below.

- **Lecture-Lecturette:** A lecture is a structured and orderly presentation of information delivered by the leader. While lectures can be successful in imparting information or introducing skills, they can be stiff and boring. A more informal lecture, the lecturette, that allows for an exchange between the leader and the participants is often more effective. Such a lecturette, for example, is used in Session II for the "Body Clock" activity.
- **Discussion:** Discussions are verbal exchanges about a specific topic led by the leader or by a participant. Through this process, participants have a chance to share facts and ideas, and can also listen to and consider different points of view. Discussions are useful in both large and small groups. Small groups offer shy or less verbal participants more of an opportunity to speak. Discussions in the large group give the facilitator the ability to control the flow of the conversation. A combination of small and large group discussions is used throughout the program.

- **Brainstorming:** Brainstorming is a free-flowing exchange of ideas on a given topic. The leader poses a problem, dilemma, or issue. Participants then suggest whatever answers or ideas they can think of. Initially, all ideas are accepted. When the brainstorming is finished, the group evaluates the ideas together to identify those they consider most realistic or useful. The technique of brainstorming is used in the "Have You Weighed Your Options?" activity in Session III.
- **Roleplaying:** This technique gives participants an opportunity to act out the character of another person. Within assumed roles participants can: 1) experience how someone else might feel in a particular situation; 2) try out a new skill, such as a communication strategy, and get feedback; 3) learn from each other's successes or shortcomings, insights or blind spots in a safe environment. Roleplaying in small groups or pairs rather than in the large group is usually less threatening for participants and allows more people to actually experience the roleplay. When using roleplay in the large group, be sure to recruit volunteers since many participants are embarrassed or uncomfortable acting in front of a large group. The activities, "Communication Tips" in Session I and "Roleplay Situations: Dealing with Peer Pressure" in Session IV, employ the roleplaying technique.
- **Structured Experiences:** These refer to other experiential activities that get participants actively involved in learning. Participants, often in small groups or dyads, may exchange ideas or reactions, examine their own attitudes and feelings, consider alternative ideas, examine consequences, and/or make choices. They share their ideas with others and consider how their attitudes, feelings, and information or misinformation affect their behavior.

Many of these activities are fun and, therefore, more appealing to participants. It is important to tell the group the purpose of the activity and to give clear instructions. Never lead participants through an activity without discussing it. The discussion during and after an activity is most important because it clarifies what has been learned and what might be applied to the participants' daily lives. Examples of "structured experiences" in this curriculum include "Find Someone Who" in Session II and "Myth-Information Game" or "Fact/Feeling Spinner" in Session III.

MARKETING YOUR PROGRAM

Getting parents and children to attend your program will be the most difficult challenge you face.

We know that parents want help with sexuality education but it is very difficult to get them to actually attend programs. This is especially true in communities where many families are poor, undereducated, and overwhelmed by all kinds of problems. Even in higher socioeconomic areas, recruitment is a challenge.

Recruitment

Here are some ideas to make the recruitment process easier.

1. **Choose a co-sponsoring agency or group that will help recruit families.** For example, in a church the minister or religious educator can encourage attendance by making announcements, calling members of the congregation, recommending that people attend, and so on.
2. **Enlist a parent leader to help with recruitment.** If at all possible, identify a parent who is well known to the community and is also well respected. This parent can make phone calls to friends and acquaintances in order to:
 - discuss the need for such a program; and
 - let parents know that it won't be threatening and it will be helpful and fun.
3. **Enlist several youth leaders to build enthusiasm for the project among their peers.** This is especially important in junior high school programs where youth are less excited about attending sessions with their parents.
4. **Give a presentation about this program at parent meetings near the beginning of the year.** Try to get parents interested as early as possible. If there is time, you could show a film such as "Seasons of Sexuality" or "Walk With Me." Both films explore family communication about sexuality and are available from Perennial Education, 930 Pitner Avenue, Evanston, IL 60202, 800-323-9084. If you can't obtain one of the films, you could simply discuss the problems of early sexual activity and teenage pregnancy with parents. Also, share some of the questions that pre-adolescents typically ask about sexuality. This kind of "teaser" session will increase parents' desire to attend a program.

5. **Send letters or flyers describing the program home to parents.** If it is at all possible, mail the letters directly to parents as children sometimes forget to take letters home. Junior high students can be especially delinquent about delivering messages to their parents. While letters and flyers can help, they tend to be ineffective unless parents are already highly motivated. (See Appendix A for a sample copy of the promotional brochure designed for this program.)
6. **Make personal contacts.** Call parents you know well and sell them on the program. Get them to give you names of other parents who might be interested. Plan to spend a good bit of time on the phone. If appropriate, visit parents at home to discuss the project.
7. **Offer an attractive program.** Because participants attend courses voluntarily, they will be satisfied only if they get what they want. Thus, the format of a course should be tailored to meet participants' needs.

- Discuss the format with parents to see **which days of the week** and **what time** they would prefer.
- Consider when **other community activities** meet that may conflict with the course (e.g. holidays, community celebrations, religious anniversaries, "church night," etc.).

The content, too, should be tailored to the particular group:

- **What is the group's educational level?** Will participants need, or be bored by, very basic information about puberty and reproduction?
- **What is the group's style?** Would participants prefer lighter, active activities, or more traditional methods, such as lectures and discussions?

Similarly, participants' personal needs should be considered:

- Will the parents come directly from work, delaying their dinner hours? **Attractive snacks** may make the difference in their ability to participate productively.
- Do parents have younger children at home who need supervision while they are away? **Providing child care** may be an essential factor in parents' ability to attend.

Recruitment simply takes time -- time for the group leader, time for parents and youth to adjust their schedules, time to contact people, time to coordinate efforts. Whatever approach is used inevitably takes more effort than many counselors expect.

8. Develop participant interest and commitment.

- Provide a clear description of the program. This helps both parents and young teens prepare for the initial demands of the course.
- Make it clear that you 1) believe in parents' ability to be effective sexuality educators of their children, and 2) respect both parents' and children's attitudes and feelings. This will relieve participants' concerns that they will be preached to, or be pressured to change. They must experience the group leader as a helper and an advocate.
- Sometimes when participants pay a fee, they feel more committed to a program. When appropriate, you can establish a fee that communicates value, but is not prohibitively high.

MAINTAINING ATTENDANCE

A course dealing with sexuality is greatly enhanced by consistent attendance. The more cohesive a group is, the more members can share openly, and the more they are likely to learn.

Yet, for a variety of reasons, few courses on any subject attain perfect attendance. Parents or their children may become ill, be called out of town, or develop an unexpected crisis at home or at work. Some of the reasons people miss sessions can be prevented, others can not. Thus, a leader can hope not to overcome absenteeism, but to minimize it. We suggest here some concrete guidelines to minimize absenteeism.

Things to Do Before a Course.

- Offer the program to a pre-established group. This builds in some degree of peer pressure to attend all sessions. Participants are unlikely to feel anonymous or to believe that their absence would go unnoticed.
- Explain the importance of consistent attendance. Some leaders go even further by asking participants to sign a contract stating that they will attend all sessions to the best of their ability. The importance of consistent attendance can be written into the agreement.
- Provide other incentives such as certificates or door prizes.

Things to Do Before or During Each Session.

- **Check to ensure that the course content is meeting participants' needs.** This may prevent people from dropping out as a result of dissatisfaction.
- **Arrange for attractive food, babysitting, and a comfortable atmosphere** that invites participants to return.
- **Involve participants in many different ways.** They can volunteer to bring in snacks or make calls to other parents to remind them to attend the next session. This encourages attendance.
- **Validate participants' feelings during the session.** No one likes to return to a situation where s/he feels criticized or ignored.
- **Get to know participants better during breaks.** This will allow you to address individual concerns or problems. Having a more personal relationship with the leader increases each person's sense of obligation to the program. The opportunity to discuss unique concerns (which may have influenced them to enroll) enhances parents' overall satisfaction with the course.
- **Check on absences and urge participants to attend all sessions.**
- **Make reminder calls.** Let parents know that their attendance is important and encourage them not to let a minor obstacle prevent them from attending.

Sometimes group problems arise that, if left unattended, can seriously interfere with group cohesiveness, learning, and participants' desire to continue in the program. For example, the people who arrive on time increasingly resent those who consistently arrive late. Upon discussion, it may become clear that some members' work schedules genuinely interfere with their punctuality and that rescheduling the course to start 15 minutes later would relieve the problem.

At other times, the leader senses tension but cannot identify its source. At such times, it helps to ask participants to express their feelings anonymously on index cards at the end of the session. After reading the cards, find some way to address the issue and ask the group to brainstorm solutions. Participants are then reassured that tension will be reduced.

How a session ends is extremely important; participants remember best how they felt at the end of the class. Whether these feelings are positive or negative influences how eager they will be to return.

- Many participants who leave a session still in the midst of an active discussion will linger afterwards to continue it on their own. Such an experience invariably motivates people to return for more. Do not introduce an activity at the end of a session that you will not have time to discuss adequately.
- With less active groups, end the class with an interesting or funny anecdote.

SELECTING PARTICIPANTS

Numbers: When planning your program, try to get commitments from at least 15 families. You will probably have some people who won't show up or who will drop out before the program is completed. The ideal group size is 12-20 participants.

Age of Children: Choose families based on the age and developmental stage of the child. This curriculum targets children between the ages of 10 and 13. You might target families by grade level -- 4th graders only, 5th graders only, 6th graders only, or 7th graders only. Or you might mix grades -- 4th and 5th grades together, 5th and 6th grades together, or 6th and 7th grades together. Since boys tend to be less mature than girls, you could target younger girls and slightly older boys. Try to make sure that children are at about the same developmental level.

Other Factors: Also consider characteristics such as religion, racial, ethnic or cultural backgrounds, education and socioeconomic status of parents when forming groups. There are certain advantages to keeping groups somewhat homogeneous:

- Trust levels develop quickly;
- People feel comfortable;
- People speak the same language (i.e., Spanish, other foreign language, or local dialect); and
- Participants tend to have some basic values that they share. These might be religious values, cultural values; etc.

There are also advantages to forming more heterogeneous groups:

- Participants get to hear about the experiences of families from different backgrounds;
- Participant sharing can be more interesting and diverse; and

- The group leader can point out the positive aspects of people's differences as well as the commonalities that we all share as human beings.

In general, try to select a mix of families who will work well together and learn from each other. Consider individual personalities. For example, do not select 10 children who are all extremely shy and not likely to speak up in the group.

PLANNING AND IMPLEMENTATION STEPS

Families Talk About Sexuality has been designed for easy implementation. The following step-by-step process is suggested to help you conduct a successful program tailored to families in your community:

- Step 1:** Review the curriculum briefly in its entirety so you are aware of its scope, tone, and content.
- Step 2:** Arrange meetings with key people (examples include your principal or director, PTA volunteers, health teacher or school nurse) in your school or agency in order to familiarize them with the course, create enthusiastic support for your implementation, and identify a tentative schedule for the four sessions.
- Step 3:** Determine your schedule. Take into consideration community events, religious and state holidays, and busy times and nights of the week for parents.
- Step 4:** Identify your audience. Begin marketing and recruitment (see separate section for tips). Make inquiries about the availability of food donated by your local grocer (or some other source) to serve as refreshments. Investigate babysitting arrangements.
- Step 5:** Thoroughly review the "Introduction" and each session of the course. Identify materials which will require additional reading or study for mastery. **You must be familiar with each session before you conduct it.**
- Step 6:** Make decisions regarding which of the alternative activities you will use for each session.
- Step 7:** Make personal contacts to assess the effectiveness of your recruitment strategy.

- Step 8:** Invite any key administrators and/or staff to attend Session I (For Parents Only). Let them know they can fully participate in this first session. Discourage their attendance at future sessions when children join the group.
- Step 9:** Review Session I in detail until you are confident you can conduct it efficiently and without hesitation. Make notes on index cards for conducting each activity. Study the notes and practice new activities. Time for each session is very tight, therefore you will not have much leisure to look over notes once you begin a session.
- Step 10:** Review the checklist for Session I, gather all necessary materials, and duplicate handouts.
- Step 11:** Obtain the refreshments and confirm arrangements for a babysitter, if necessary.
- Step 12:** Conduct Session I and enjoy it!

Repeat steps 9, 10, 11, and 12 for each session.

Good Luck!



SESSION I: FOR PARENTS ONLY

(2 Hours)

Welcome	5 minutes
Introduction for Parents	10 minutes
Journey - OR - Early Memories - OR - What Were You Taught?	40 minutes
Break	10 minutes
Communication Tips - OR - Film - Family Communication	55 minutes

BEST COPY AVAILABLE

SESSION I

CHECKLIST FOR MATERIALS

Please note: When there are several alternate activities, such as the "Journey", "Early Memories", or "What Were You Taught?", you must decide in advance which one you will conduct and then prepare materials for that activity.

- _____ Copies of handout, "Early Memories" -OR-
Index cards prepared for "What Were You Taught?"
- _____ Newsprint
- _____ Magic markers
- _____ Tape
- _____ Index cards prepared for "Commonly Asked Questions"
- _____ Copies of handouts, "Important Messages" and "How to Answer Questions"
- _____ 16 mm projector
- _____ Screen
- _____ Film, "A Family Talks About Sex" -OR-
"Loving Parents"

WELCOME

Purpose: To welcome parents to the session and make them feel comfortable.

Materials: None.

Time: 5 minutes (plus 30-45 minutes prior to session).

Planning Note: Arrive at least 30 minutes before the session is scheduled to begin. Do any writing on newsprint or the blackboard as soon as you arrive. Set up the projector. Have coffee and tea ready 15 minutes before the session is to start. Be sure you are completely familiar with how to conduct the session and are ready to begin before you arrive at your site. Some parents may come early so they can talk privately with you about a concern or question. It is important that you do not need to go over your notes or write up Ground Rules at that time.

Procedure: As parents arrive, remember they may be a little nervous, so try to make them feel as comfortable as possible. Welcome parents, introduce yourself, make reassuring comments about children you know, and help parents meet one another so they can begin to chat informally. Encourage parents to have refreshments and continue greeting new arrivals as they enter the room.

When you have reached the scheduled starting time, make a comment about your intent to start on time if at all possible. If you decide to delay starting, point out that you wish to wait a few minutes for others and that you appreciate people who were able to arrive on time.

INTRODUCTION FOR PARENTS

Purpose: To orient parents to the program.

Materials: None.

Time: 10 minutes.

Procedure: Begin by introducing yourself -- give your name and share something about yourself as a person and as an educator. Then give parents a very brief overview of the program. Explain that:

"This program is one component of a large, national project to increase family communication about sexuality. The goal of this program is to help parents and their children communicate more effectively and more comfortably about sexuality so that parents can explain their sexual values to their children. At the same time, the program encourages children to seek the information and guidance they need to delay sexual activity until they are more mature. The rationale for the program is a small body of research indicating that when parents do discuss sexual issues with their children, the children are more likely to delay having sex and more likely to use contraception when they do begin to have sex."

Continue by saying, "Now please take a minute to introduce yourselves and to tell the group:

- your name
- your children's names and ages
- something about one member of your family -- why that person is special to you."

Model the introduction by sharing about yourself. After the introductions, thank people for sharing. Be sure to praise all fathers who attend the program. State that fathers have traditionally had less opportunity to play a role in the sex education of their children, and yet they are as important in the process as mothers.

ORIENTATION AND GROUND RULES

"There are some things about the course I want you to know. We have chosen the **small group method** to present this material. Educators who have tried different formats suggest this method since it gives you an opportunity to share with one another and to ask questions. We ask you to **make a commitment to be with us at every session** and to participate actively. My role in this group is as a **facilitator, not an expert.**

I don't have all the right answers, but I do have some skills that should help you to identify your questions -- and learn from one another. I also have some communication techniques to share."

"Tonight's session is for parents only. We wanted to meet with you alone first so that we could address any of your concerns and go over some specific communication techniques that you can begin using with your children."

"After tonight the remaining three sessions will include your children. We have tried to plan a program that is appropriate for them. We want you to be prepared for presentations that are aimed at the level of your children. If we presented this program at your level as adults, we would talk over the young people's heads."

"We are here tonight to talk about sexuality, a topic you probably haven't talked about much in a group before. There are several things to keep in mind:

- It's a new experience; you may feel a little bit strange or uncomfortable. It is normal to feel that way, but those feelings will pass.
- Everyone in this group won't have exactly the same values. That's OK.
- It's OK to disagree, but we do need to respect one another and not be judgemental.
- We won't be doing anything bizarre here. If I ask you to share something you don't want to share, just say so. You always have the right to pass.
- Some people may choose to share very personal material in the group. We ask you to respect their confidentiality and keep such confidences within the group."

"These are our ground rules. Now we'd like to conduct an activity to help you recall your own sex education."

JOURNEY

Purpose: To allow parents to remember and share their own experiences, to hear about the experiences of other parents, and to decide if and how they want their child's experiences to differ from their own.

Materials: None.

Time: 40 minutes.

Planning note: This exercise requires participants to be open and flexible. It may be too threatening for some parents (those who are very conservative or nervous about attending the program -- use your judgement). Feel free to exclude any questions that seem inappropriate to your group or add questions or sentences that seem especially appropriate. If your group consists of all women or all men, you will need to omit references to the other gender in the "Journey."

Procedure: Tell parents that you want to conduct an activity with them to help them think about their childhood and their own sex education. Point out that our early experiences have a great impact on our attitudes and comfort levels as adults. Slowly read the following, using a calm soothing tone. Stop briefly after each section to give parents a few seconds to reflect. (You may want to turn down the lights.)

"Everyone please sit back comfortably, take everything off your laps, and close your eyes. I want to help you take a journey into your past to explore some of the early messages you received about sexuality. I'd like you to consider what your early years were like and how those years influenced your present feelings and attitudes."

"I'll read some questions. Use these questions to help you remember. However, only use questions with which you are comfortable. You may want to let some questions slip by as you focus on one particular question."

"Go way, way back -- as far back as you can remember. Think about the home you grew up in. Picture the rooms in the house and especially your bedroom or wherever you slept."

"Now picture the other people who lived with you -- your parents or guardians, sisters, brothers and any other relatives or close friends. Can you see their faces? How did family members get along? How much communication was there in your family? How much affection was shown?"

"Can you remember your parents touching you as a child? How often did they touch you? Did they caress, tickle or wrestle with you? When did they stop?" (pause)

"What names were you taught for different parts of your body such as your vulva, vagina, breasts or penis, scrotum or testicles? Do you remember touching and exploring your own body when you were young? Did anyone find you touching yourself? Were you punished? How did you feel?" (pause)

"Did you ever play touching games with other kids? Did you play openly or secretly? Why?" (pause)

"Were your parents physically affectionate with each other? What did they do in your presence? Did they ever talk about their relationship in your presence? Did you sense your parents were comfortable or uncomfortable talking about sex?" (pause)

"When did your parents first speak directly to you about sex? What did they tell you? Did you ask questions? Did they ever sit down for a formal talk?" (pause)

"When did you first learn about conception? Who told you? When did it first occur to you that your parents had sex together?" (pause)

"Did you ever overhear your mother or father talking about a relative or neighbor who had accidentally become pregnant? What did you think?" (pause)

"As you got older, how did you feel about your body changing? How did you feel about your hips and breasts getting larger; or about your penis getting larger?" (pause)

"Who told you about menstruation? Wet dreams? What were you told? How did you feel about it? How did you feel when you got your first period? When you had your first 'wet' dream? Who did you tell?" (pause)

"When do you remember first wanting to have a boyfriend or a girlfriend? What did that mean for you? How far, sexually, would you go on dates? How did you decide?" (pause)

"When did you first realize that boys are told different things about sex and proper sexual behavior than girls? What were the differences and how did you feel about them?" (pause)

"Come forward to the present. What sexual words sound dirty or vulgar to you? Are you now comfortable with words you once thought were dirty? Are you more or less comfortable with scientific names or is your own vocabulary a mix of scientific and slang words?" (pause)

"Have times changed since you were growing up? If yes, in what ways?" (pause)

"When you're ready, open your eyes."

After the reading, allow a brief silence, then have parents form dyads (pairs) or small groups to share their memories. Before they get into groups:

- Point out to the group that this experience is easy for some people, but more difficult for others. Some of us have had some bad childhood experiences and remembering them can be uncomfortable.
- Remind parents that they should take care of themselves and share only what they are comfortable sharing.

When it appears that the groups have generated a lot of ideas (about 15-20 minutes), bring them together again. Provide time for parents to discuss their experiences with the exercise and examples that occurred to them.

Discussion Points:

1. What kinds of memories came up in your small group?
2. What similarities and differences did you note in your group? How were experiences different for women and men, and for people of different ages?
3. What was puberty like for you?
4. What was the basic message that your parents gave you about sexuality? Do you now agree or disagree with this message?
5. What messages do you want to give your children? How do your early experiences affect your approach to sexuality with your children?
6. Remind parents that many early sexual feelings and experiences are universal. Hopefully, it was meaningful to have shared with other parents these embarrassing, confusing, funny, even sad early experiences. Many of our attitudes have been influenced by early experiences that were not of our own making. Now is the time to decide which of those attitudes we intend to keep and which we want to change.
7. IMPORTANT! At the end of this activity, ask parents to identify issues they especially want their children to address in this program. Likewise, are there any topics that they don't want their children to discuss in this program? Tell parents that you would like to be able to answer all the children's questions even though you won't be introducing the more controversial topics.

EARLY MEMORIES

Purpose: To help parents explore the origins of their sexual feelings and values.

Materials: Handout, "Early Memories" and pencils.

Time: 40 minutes.

Procedure: Introduce this activity by explaining that our early experiences have a great impact on our attitudes and comfort levels as adults. Tell parents that you want to help them think about their childhood and their own sex education.

Ask parents to pair off -- suggest they pair with someone they don't know unless they really want to be with their spouses or partners. Provide parents with handouts. Ask them to complete the questions on their own, and when they are finished, to discuss any items that they wish with their partners for about 15 minutes. Tell them that they don't have to write down answers if they don't want to.

After the pairs have discussed their "early memories", bring the large group back together. Ask the discussion questions below in the large group.

Discussion Points:

1. Did anything significant come up in your discussions with your partners?
2. How would you evaluate the patterns of communication (about sexuality) in your home?
3. Do you want your children's experiences to be similar to yours or different?
4. Do you think it was easier or harder to be a young teen in your day? Why?
5. **IMPORTANT!** At the end of this activity, ask parents to identify issues they especially want their children to address in this program. Likewise, are there any topics that they don't want their children to discuss in this program? Tell parents that you would like to be able to answer all the children's questions even though you won't be introducing the more controversial topics.

Handout
EARLY MEMORIES

Think back to when you were five to twelve years old. What was your family like?

1. Describe how your parents related to one another. If you lived with a single parent, describe how she/he related to adult friends.
2. Describe the communication about sex in your home. How much affection was shown?
3. What were your parents' attitudes toward dating and sex?
4. What memories do you recall having between the ages of five and twelve about:
 - nudity in your home?
 - learning about sexual intercourse/reproduction?
 - masturbation?
 - sex play with other children?
 - bathing with siblings, friends, parents?
 - entering puberty?
 - romantic or sexual feelings?

WHAT WERE YOU TAUGHT?

Purpose: To help parents determine how they would like their children's sexuality education to be similar to, or different from, their own. To help the leader learn and understand parents' expectations for the program.

Materials: Four sets of "What Were You Taught?" cards (see Leader Resource); newsprint; magic markers; tape.

Time: 40 minutes.

Planning Note: Be sure to make your sets of cards before the session begins.

Procedure: Tell parents that this activity will help them think about their childhood and their own sexuality education. Our early experiences can have a great impact on our attitudes and comfort levels as adults.

Divide participants into groups of four or five persons. Distribute a set of cards to each group. Instruct each participant to select a "What Were You Taught?" card that she/he feels comfortable discussing. After drawing cards, group members should share their memories about the topic in their small groups. Other participants in the small group should add comments and then the next person should draw a card. Continue in this manner until all small group members have drawn cards and shared memories about a topic.

After about twenty minutes, bring the groups together to discuss the following points.

Discussion Points:

1. How similar or different were the experiences in your small group?
2. What was puberty like for you?
3. What was the basic message that your parents gave you about sexuality? Do you agree or disagree with this message?
4. Do you want your children to have similar or different sexuality education experiences?
5. **IMPORTANT!** At the end of this activity, ask parents if there are any topics that they especially want their children to discuss in this program. Likewise, are there any topics that they don't want their children to discuss in the program? Then tell them that you would like to be able to answer all the children's questions even though you won't be introducing the more controversial topics.

Leader Resource

"WHAT WERE YOU TAUGHT?" CARDS

Prepare index cards for several different topics using the following format:

What Were You Taught About...

SEXUAL INTERCOURSE? (or other topic*)

1. Who told you?
2. What were you told?
3. How old were you when you were told?
4. How did you feel about what you were told?

*Other topics include:

being female/male

body changes (hair growth, voice change, etc.)

menstruation/wet dreams

intimate sexual behavior/intercourse

love

marriage

pregnancy/childbirth

virginity

masturbation

contraception

Prepare enough cards to allow you to distribute one complete set to each group, so that participants will have a variety of choices.

COMMUNICATION TIPS

Purpose: To give parents information and strategies for improving communication with their children regarding sexuality.

Materials: Leader Resources, "Commonly Asked Questions" and "Suggested Answers"; handouts, "Important Messages" and "How to Answer Questions"; twenty 3x5 cards.

Time: 55 minutes.

Planning Note: Before the session, write each question from the Leader Resource, "Commonly Asked Questions," on an index card. If you expect more than 18 parents, add several questions of your own. Feel free to substitute questions of your own, if appropriate.

Procedure: Tell parents that you want to end today's session with information regarding communication. Begin by reviewing the information in the handout, "Important Messages."

Then ask parents, "How many of you get questions about sex from your children?" Many parents will not raise their hands. Tell them they don't have to wait for their children to ask questions. In fact, as children approach adolescence, they are less likely to ask questions since they want to appear more grown up and informed.

Tell parents that there are several ways to begin the conversations:

- Go home and talk about what you discussed in this session.
- Make a remark about a TV show or movie that you've just watched together.
- Elicit feelings and values from your children by asking their opinions of news items, TV programs, friends' behavior, music, etc.
- Play "What would you do if?" games during dinner conversation or while riding in the car.

Ask parents for other possible approaches. List these on newsprint.

Continue the activity by saying, "Now, for those of you who do get asked questions, we will discuss specific techniques for answering questions." Pass out the handout on answering questions. Review the important points.

Model answering one of the questions from the Leader Resource in the large group. The leader plays the role of the "parent."

Recruit a participant to play the role of the "child." Make sure you include three things in your answer: values, information, and feelings. Have the group discuss the role play. Point out the values, information and feelings that were included. Have parents discuss how they would answer, based on their own beliefs and values.

Now tell parents you want them to practice. Have them pair off. One person plays the parent, the other plays the child. Distribute a question to each "child." The "child" asks the question and the "parent" answers it. Ask parents to keep in mind the suggestions from the handout. Also, ask them to think about any values, information, or feelings they would like to express as they answer these questions. Help parents articulate their own values and feelings.

After about five minutes, stop the roleplays and pose the following questions:

- "Parents," how did you manage answering the questions.
- Would some of you please share your answers?
- "Children," how did you feel about your parents' answers?

What values, information, or feelings were covered? Use the Leader Resource, "Suggested Answers," to model suggested ways of answering any questions that the group found difficult. If time permits, have participants switch roles. Pass out additional questions and follow the same process as before.

Conclude the session by thanking parents for their participation. Encourage parents to discuss the session with their children. Ask them to try to encourage their child's curiosity and interest in the program.

Discussion Points:

1. How well have you dealt with communication about sexuality in the past?
2. Which techniques do you plan to add to your repertoire of communication strategies?

Leader Resource

COMMONLY ASKED QUESTIONS

Write these questions on index cards.

1. When do boys start to produce sperm?
2. Why do girls have to have periods?
3. Why do boys like to touch girls' vaginas and buttocks?
4. When can I go out on a date?
5. Why is one breast bigger than the other?
6. What makes all these changes happen in your body?
7. Girls have periods, have babies, and go through many other changes. What happens to guys, and I don't want to hear that their voices change?
8. When do you go off your period for good?
9. Is kissing the first time fun or scary?
10. Why do some people think homosexuals are bad?
11. When is a girl ready to have sex?
12. When can a girl have a baby?
13. What would be the best way to handle the pressure of sex?
14. Is sex all right if birth control is used?
15. What happens when a boy and girl have real sex at an early age?
16. Why do girls grow more than boys?
17. Is abortion murder?
18. Does it hurt to have a baby?

Leader Resource

SUGGESTED ANSWERS TO COMMONLY ASKED QUESTIONS

Note: Parents should be encouraged to begin any answer with something like "that's a good question" or "I'm glad you asked me that" to reinforce young people for asking the question. In addition, suggest that parents ask their son or daughter "what have you heard?" or "how do you feel?" when appropriate, to find out what their children know or believe.

1. When do boys start to produce sperm?

Answer: Boys start to produce sperm during puberty, usually between the ages of 11 and 14. Once a boy has had an ejaculation, or fluid spurts out of his penis during sleep or while he is awake, his testicles are making sperm cells and he could make a girl pregnant if he had sexual intercourse with her. However, just because a boy has started to produce sperm cells, that does not mean he is ready to start having sex. Most boys' bodies produce sperm by the age of 14 but that is much earlier than boys are really ready to have sexual intercourse. I hope you will wait to have sex until you are at least _____. (Parent(s) must provide this part of the answer).

2. Why do girls have to have periods?

Answer: During puberty girls' bodies begin to prepare for a possible pregnancy. Once a month an egg is released from the ovary. The lining of the girl's uterus thickens also. If the egg is fertilized by male sperm, the fertilized egg travels down to the thick lining in the uterus. The lining actually feeds the fertilized egg for the first six weeks. If the egg is not fertilized, the unused lining that would have fed the fertilized egg is discarded by the body because it is not needed. Girls have to have periods because their bodies are made that way. Periods are a wonderful signal that a girl is growing into a woman and that her body is working correctly. But periods can be embarrassing or a little uncomfortable for some girls. Boys have some uncomfortable experiences, too, during puberty -- their voices deepen and they may get erections when they least expect to. These are signals that their bodies are changing also.

3. Why do boys like to touch girls' vaginas and buttocks?

Answer: Boys may think they are expected to touch certain parts of girls' bodies, especially if they have heard older boys talking about sex. Boys may also be curious and want to know how girls' bodies feel. Boys may think that a girl likes being touched in those areas, especially by a boy she likes. There are many other ways young people can show someone they care -- smiling, doing things for the person, doing fun things together, or holding hands are some of the ways.

4. When can I go out on a date?

Answer: Parent(s) must provide the answer for this one. Encourage them to suggest alternatives like group dates for young teens anxious to "date". Also point out that giving an answer like "I didn't date until I was "16" really won't help because times have changed. Instead, parents should try to point out real issues -- early dating often leads to a "steady" date and then young people are limited; early dating may lead to early sexual behavior.

5. Why is one breast bigger than another?

Answer: When a girls' breasts begin to develop, one may start to grow before the other one or one may grow faster. Girls often worry if one breast is bigger or smaller, but by the time their breasts have finished growing, they both are usually about the same size. Most adult women notice that one breast is a little smaller than the other, but the difference is so small it usually doesn't bother them.

6. What makes all these changes happen in your body?

Answer: Hormones, special chemical messengers in your body, cause the changes at puberty to happen. First, hormones in the brain send a message to a boy's testicles to produce "testosterone" or to a girls' ovaries to produce "estrogen." These are the names of the major hormones that cause changes during puberty. No one knows exactly when his or her messenger hormones will start to work, but it is always at just the right time for that person's body. Every boy and girl eventually goes through these changes, but some change earlier and some later. Girls generally begin to experience the changes around age 10 or 11 and boys begin to notice changes around 12 or 13. But some boys' and girls' bodies will begin changing even earlier or later. Remember, whenever it happens is exactly the right time for you.

7. Girls have periods, have babies, and go through many other changes. What happens to guys (and I don't want to hear that their voices change)?

Answer: Guys' voices do change -- they get uneven and deeper in tone and that can be embarrassing -- but there are also important changes in the male reproductive system. The scrotum, testicles, and penis grow larger; pubic hair grows around the genitals; the testicles begin manufacturing sperm cells and a boy will ejaculate, or spurt semen out of his penis while he sleeps or if he masturbates. If he doesn't know this is normal, he might worry. Once a boy has his first ejaculation, his body is capable of producing sperm even though he won't be ready to have sex or be a father until he is older. Boys also begin to have frequent erections at this time. Sometimes his penis gets hard for no good reason. All these things can be very embarrassing for boys.

8. When do you go off your period for good?

Answer: A woman's periods usually stop between the ages of 45-55. She stops menstruating because her ovaries stop producing a ripe egg or ovum each month. "Menopause" is the word that is used to refer to the time when a woman's periods stop. During menopause, a woman may experience a few other changes caused by the fact that her body is no longer producing the female hormone, estrogen.

9. Is kissing the first time fun or scary?

Answer: A person's first kiss can be real special and lots of fun, but sometimes it can feel scary. It really depends on whether or not a young person feels ready for that first kiss. If he or she is feeling pressured into kissing and really doesn't want to do it, then they are more likely to be nervous or awkward. Any time a person does something they really don't want to do, it isn't as much fun.

10. Why do some people think homosexuals are bad?

Answer: Some people think it is very wrong for two persons of the same sex to have strong feelings about one another or to live with each other like a man and woman live together. They may not understand that homosexuals are just like other people in all ways except that they feel attracted to people of their same sex. They can't do anything about their feelings for people of the same sex, just like heterosexuals (people who are attracted to the opposite sex) can't do anything about their feelings. Homosexuals, like heterosexuals, can be either kind and good, or mean and bad. People who don't understand that homosexuality is just one part of a person may dislike or be afraid of gay men or lesbian women. People who do understand usually agree that most homosexuals are good people, just like most heterosexuals are good.

11. When is a girl ready to have sex?

Answer: At your age, the answer is easy -- not yet! But the answer is also more complicated. Some people believe a girl or a boy is ready to have sex when she or he is mature physically, socially and emotionally. Others feel girls or boys are only ready to have sex when they are married. Whether they are married or not, people need to be ready to handle adult responsibilities, like taking care of a baby, having a job, renting an apartment, or using contraception if they don't want a baby, before they decide to have sex. They also need to think seriously about the relationship they have with another person and how they might feel if they have sex with that person. And they need to think about how their parent(s) will feel about them having sex. Lots of parents and many religions teach that sexual intercourse is only OK for married people. So there is a lot for a young person to think about when he or she tries to decide whether they are ready for sex.

12. When can a girl have a baby?

Answer: Once a girl starts menstruating, and even just before her first menstrual period, a girl can get pregnant and have a baby. Many girls have their first period around the age of 12 or 13, but even though some do have a baby, that doesn't mean they should have a baby. There are two things to remember about young girls having babies: (1) One has to do with the health of the baby and the mother. Girls' bodies aren't finished growing for several years after they have their periods. So having a baby can be a problem for the girl's body and it can also be a problem for the baby -- lots of babies born to teenage girls are too little when they are born and they may have health problems all their lives. (2) The second thing to remember is that having a baby affects a girl's life in every way -- her education, her future, her relationship with the father and her relationship with her parent(s). Lots of young mothers and fathers say they wish they had waited until they were older. I think you should be _____ before you have a baby. (Parent(s) must provide this part of the answer.)

13. What would be the best way to handle the pressure of sex?

Answer: There are several good ways to handle sexual pressure and any way that works is the best way for you! Different things you can do include: (1) saying "no" firmly but without hurting the other person's feelings; (2) letting the other person know how you feel and that you don't like the pressure; (3) suggesting another topic of conversation or another activity, or (4) getting out of there if the pressure continues. Young people can also avoid pressure by avoiding certain situations (ex. unchaperoned parties, someone's house when no parent is home, parked cars, drugs, going out with someone a lot older).

14. Is sex all right if birth control is used?

Answer: For young teenagers, sexual intercourse even with birth control is not a good idea. There is always the risk of pregnancy if the method fails or if it isn't used correctly. And there are the risks of getting an STD, or feeling guilty, or being hurt emotionally. But more important, I believe that young people should wait until _____ (parent(s) must provide this part of the answer). However, if a teenager is determined to have sexual intercourse anyway, I think he or she should use birth control.

15. What happens when a boy and a girl have real sex at an early age?

Answer: "Real sex" means having sexual intercourse to most people. When a boy and a girl have intercourse at an early age, lots of things can happen. We've talked about many of them -- guilt, fear, pain, STDs, pregnancy, a ruined reputation, a change in the relationship, or parent(s) being hurt. But one thing lots of teens don't know is that a girl who starts having sex at an early age is more likely to get

cervical cancer or an infection that could cause her to be unable to have a baby later if she wants one. That's a very important reason for young people not to have sex at an early age.

16. Why do girls grow more than boys?

Answer: At this age, around 12 or 13, it seems like girls are all growing taller and boys are staying the same height. But that's because girls usually reach puberty and begin to grow tall earlier than boys. In a year or two most boys will catch up and will actually be taller than most girls by the time they are 17 or 18.

17. Is abortion murder?

Answer: Some people think it is and some people believe it is not. What I believe is _____.
(Parent(s) must provide an answer).

18. Does it hurt to have a baby?

Answer: Most women say it does hurt but some say it doesn't hurt much at all. A grown woman's body is made so childbirth will not damage it, but as the baby comes out of the uterus and travels down through the vagina, there is a lot of pressure and sometimes some pain. When you were born, I remember that I felt _____.
(or "I remember your mother saying she felt.") (Parent(s) must provide this part of the answer).

Handout

IMPORTANT MESSAGES ABOUT SEXUALITY FOR PARENTS

1. Sexual learning is a continual, life-long process that occurs in the course of everyday living.
2. **You** are the primary sexuality educators of your children.
3. You **CAN** be effective sex educators -- even though it might be difficult or uncomfortable at first.
4. You don't have to be an expert or completely comfortable with the topic of sexuality to do a good job of educating your children.
5. Communication about sexuality is both verbal and nonverbal. Your children are aware of what you do, say, and don't say, your reactions, behaviors, etc. Try to make sure that your behavior is consistent with the values you hope to teach your children.
6. It is your right and responsibility to communicate your values to your children.
7. Although it is best to start when children are very young, it is never too late to start to talk to your children about sexuality.
8. Don't wait for your children to ask questions about sexuality.
9. It is great to touch and hug your child and show love at all ages.

Handout

HOW TO ANSWER YOUR CHILDREN'S QUESTIONS ABOUT SEXUALITY

1. Honesty is the best policy. If you don't know the answer to a question, say that you don't know but you will find out. Likewise, if a question makes you feel uncomfortable or embarrassed, say so. It is fine to say "I'm a little embarrassed by that question, but I'm glad you asked and I'll try to answer in spite of my blushing." This tells a child that it's OK to talk about sex even if you are embarrassed.
2. When discussing the facts about any topic, be sure to discuss your feelings and attitudes as well. It is your right and responsibility to share your values and expectations with your child. Tell your son or daughter what you believe and what you want for them. This does not mean that your children will accept all your values. Especially during adolescence, children begin to reject some of their parents' values in search of more independence. However, if you have told your children what you believe, what you expect and why, they will have a basic foundation of values to draw upon when faced with peer pressure.
3. Be a good listener. When your children approach you with a question, find out what they are thinking about before you answer. For example, after a difficult question you might ask "Have you heard anything about that already?"
4. Answer questions in simple, clear terms, giving your child the vocabulary she/he needs to continue asking more questions.
5. Feel free not to answer questions about your personal sex life. Like everyone else, parents have the right to some privacy.
6. If you aren't sure what your child is really asking, you might say, "Tell me what you know about that."
7. After giving an answer to a question, you might say, "Did I answer your question?" or "Do you understand?" Leave your child with the feeling that you are available to answer additional questions in the future. Also, check how well they understood what you said. "Sometimes I'm not as clear as I think I am. Would you explain what I said back to me?"
8. Ask your children what they think about the topic being discussed. This helps them understand that you value their opinions and ideas -- whether you agree with them or not.
9. Remember to use your sense of humor.

FILM ON FAMILY COMMUNICATION

Purpose: To give parents an opportunity to see how families talk about sexuality. To allow parents to consider how they would handle situations or answer questions based on their own beliefs and values.

Materials: Leader Resources, "Commonly Asked Questions" and "Suggested Answers" from previous activity"; twenty 3x5 cards; projector; screen; extension cord; film: "A Family Talks About Sex" (Perennial Films) -or- "Loving Parents" (Texture Films).

Time: 55 minutes.

Planning Note: Of your two film choices, "A Family Talks About Sex" is preferable. Before the session, write each question from the Leader Resource, "Commonly Asked Questions," on an index card. If you expect more than 18 parents, add several questions of your own. Feel free to substitute questions of your own if appropriate.

Procedure: Introduce the film: "We want to end today's session with information about communication. How many of you get questions about sex from your children?" Many parents will not raise their hands. Tell them they don't have to wait for their children to ask questions. In fact, as children approach adolescence, they are less likely to ask questions since they want to appear more grown up and informed. "Let's take a look at a film to get some more ideas of how to handle questions and problems when they come up."

Indicate the length of the film and briefly describe the content. If you are using "A Family Talks About Sex," explain that the film portrays a family with a particular set of values that the parents may or may not agree with.

After the film, discuss the following:

- o What are general reactions to the film?
- o Would parents have handled any of the situations differently than depicted in the film? If so, how?

Now ask parents to pair off. Pass out two index cards to each pair. One person will play the role of "parent." The other person will be the "child" and ask the question that is written on the card. After the first roleplay, the two participants should exchange roles so the second person gets a chance to answer a question. Help parents articulate their own values and feelings.

After about ten minutes, invite the whole group to discuss the questions and their answers. What values, information, or feelings did they convey in their answers? Use the Leader Resource, "Suggested Answers," to model suggested ways of answering any questions that the group found difficult.

Conclude the session by thanking parents for their participation. Encourage parents to discuss the session with their children. Ask them to try to encourage their child's curiosity and interest in the program.

Discussion Points:

1. How well have you dealt with communication about sexuality in the past?
2. Which techniques do you plan to add to your repertoire of communication strategies?



SESSION II: PUBERTY

(2 Hours)

Welcome	5 minutes
Find Someone Who	25 minutes
Introduction to Program: Parents and Children	15 minutes
Question Box	5 minutes
Break	10 minutes
Film: "Then One Year" - OR - Body Clock	60 minutes

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SESSION II
CHECKLIST FOR MATERIALS

- _____ Newsprint
- _____ Magic markers
- _____ Question box
- _____ Copies of handout, "Find Someone Who"
- _____ Film, "Then One Year"; 16 mm projector and screen -OR-
Copies of handouts, "The Body Clock" (for males) and
"The Body Clock" (for females)
- _____ Anatomy drawings or transparencies

WELCOME

Purpose: To welcome youth to the program and to begin to develop a sense of "group."

Materials: None.

Time: 5 minutes.

Procedure: As participants arrive, greet returning parents and introduce yourself to their children. Encourage people to mix if they arrive early.

Try to start the program on time. If you can't, make an announcement about when the program will begin and why it will begin late.

At the appropriate time, formally welcome participants to the program. Tell them how excited you are about spending the next three sessions together. Tell the group that you will have formal introductions in a few minutes, but first you will conduct a brief "warm-up" activity.

FIND SOMEONE WHO

Purpose: Warm-up activity to help participants get acquainted and begin to discuss sexual issues with one another.

Materials: Handout, "Find Someone Who," and pencils.

Time: 25 minutes.

Planning Note: Note that two of the suggested questions (numbers 4 and 5) may be somewhat sensitive, so choose less threatening ones if necessary. For example, have participants find someone who likes to sing, plays a musical instrument, knows how to swim, has three children, is wearing blue, used to live out of town, wanted to come because the course sounded interesting, etc. You will need to prepare a new handout if you decide to use different items.

Procedure: Tell participants that this first activity will help them get to know each other and have a little fun.

Distribute handouts and pencils. Ask participants to stand up, move around the group, and ask questions so they can ask as many people as they can find to autograph the blanks on their sheet. They should continue circulating until all their blanks have been filled in. Encourage participants to obtain many different signatures, particularly from people they do not already know.

Then bring the group together and pose a few questions for a group response, such as: "How many of you have a younger brother? Raise your hand." Comment on similarities and differences among parents' and children's responses. This identifies similarities and gives closure to the exercise.

Acknowledge that asking questions related to sexuality and sex education like numbers 4 and 5 can be awkward, especially with strangers. This is a normal feeling. Incorporate the following questions in your discussion.

Discussion Points:

1. How many different signatures did you obtain?
2. Were there any questions that were hard to ask?
3. Which items did you skip? What made you skip them?
4. Were you unable to obtain signatures for any items?
5. How many people were able to sign item #4: "Has talked to a parent about sexuality?"

Handout
FIND SOMEONE WHO

Find someone who:

1. Has a younger brother _____
2. Exercises at least once a week _____
3. Would rather be home tonight _____
4. Has talked to a parent about
sexuality _____
5. Has taken a sexuality education class _____
6. Feels nervous playing this game _____
7. Has a mother who works outside the
home _____
8. Wishes she/he were younger _____
9. Wishes she/he were older _____
10. Has used a computer _____
11. Has traveled outside of this state _____
12. Likes rock music _____
13. Has read a book this month _____
14. Knows a teenage mother or father _____
15. Likes to dance _____

INTRODUCTION TO PROGRAM: PARENTS AND CHILDREN

Purpose: To give an overview of the program, provide a broad definition of sexuality and establish ground rules.

Materials: Newsprint; magic markers; masking tape.

Time: 15 minutes.

Planning Note: Before the session begins, write the Ground Rules (see below) on newsprint in large enough letters for the group to see.

Procedure: Discuss the following information.

-- Introductions

Introduce yourself as leader. Share something personal, but safe, about yourself. Then, have participants introduce themselves. Make sure parents identify their children.

-- Overview of Program

Explain that the goal of this program is to help parents and young people become more comfortable discussing sexual issues. Also, parents and teens will learn information that will help them understand the changes that are happening or will happen to young people over the next few years.

-- Definition of Sexuality

Tell your group that people have different ideas about what the word sexuality means. Ask if anyone can define sexuality. Give this definition: "Sexuality is more than intercourse and reproduction, although a lot of people think that is what it means. A person's sexuality is part of the whole personality. It includes feelings about being a woman or a girl, a man or a boy, how we get along with family members and male and female friends, thinking about what is important to us, and how we communicate these ideas and feelings to others."

-- Ground Rules

Point out that this may be the first time that participants have discussed sexual issues with family members and friends. Say, "Since we will be discussing feelings and opinions, we need some rules for our discussion." Go over the following:

1. No put downs. (Give an example, such as "that's dumb!". Ask the group for other examples.)
2. Be sensitive to other people's feelings. No teasing.

3. Respect each other's point of view. Even if parents and children in the same family disagree, they should listen to each other with respect.
4. No one should talk about personal matters -- parents' or children's personal activities, friends' personal activities -- or ask personal questions. Speak in general terms about specific situations. Don't use names. Say something like, "I know someone who..."
5. There are no "dumb" questions. Ask all your questions even if you think the questions are silly. Participants can ask any questions although everyone, including the leader, has the right to "pass" if asked a personal question.
6. Anyone may pass if she/he feels uncomfortable about answering questions.
7. One person talks at a time. Share the time.
8. Respect confidentiality. Talk in general terms; don't use participants' names when you talk about our discussions after the sessions.
9. Discuss the issues raised in this program with other family members. However, respect everyone's confidentiality by not using participants' names when you discuss the program at home.

When you have finished going over the Ground Rules, ask the group to agree to abide by them, then hang them where they can be seen.

QUESTION BOX

Purpose: To give participants an opportunity to ask and discuss anonymous questions.

Materials: Shoe box with opening on top or other container and index cards.

Time: 5 minutes.

Planning Note: Cover or decorate a shoe box or another container to use as the question box. You might want to cover it with wrapping paper, paint it, or decorate it with stickers, question marks, or anything you have at hand.

Procedure: Show the question box to participants. Tell them that they can put in questions at any time during the program and that this will be their first opportunity. Pass out index cards. Ask participants to write down a question about any aspect of sexuality. All group members should write down something, even if they don't have a question, so no one will know who did or did not ask a question. If they don't have a question themselves, they may write down a question that they think other young people or parents might want answered. Remind the group that you will consider no questions to be "dumb." Also encourage them to use whatever language they know to communicate their questions. Collect the cards and put them in the box. Tell the group that you will answer the questions during the next session (Session III).

FILM: "THEN ONE YEAR"

Purpose: To help participants identify the physical and emotional changes of puberty.

Materials: Film: "Then One Year" (Perennial Education); 16 mm projector; screen; Leader Resource, "Anatomy and Physiology"; anatomy drawings or transparencies.

Time: 60 minutes.

Planning Note: If you don't have access to the film, "Then One Year," feel free to use any other good audiovisual that covers both male and female puberty. Use the diagrams in the Leader Resource to prepare transparencies if you are planning to use those in your session.

Procedure: Introduce the film by telling the group, "Today you are going to see a film about a time in all of our lives when we grow and develop. This time is called puberty. During puberty bodies begin to change from child-like bodies to adult-like bodies." Ask the group, "How is a man's body different from a boy's body? Put their answers on the blackboard. Now ask, "How is a woman's body different from a girl's body?" Put these responses on the board, also.

Explain to the group that the film will give more information about these changes. Point out that the film shows drawings of the male and female bodies.

Show the film. Then ask participants:

1. What did you think of that film?
2. What feelings did you experience during the film?
3. What new information did you learn during the film?
4. Do you have any questions?

Remind the group that questions and comments can be placed in the question box at any time.

If appropriate, use the anatomy charts or transparencies to review the following reproductive organs and their functions:

- Fallopian tubes
- ovaries
- vagina
- clitoris
- vaginal lips (labia)
- vulva
- uterus

- penis
- vas deferens (sperm tube)
- urethra
- testicles
- glands that produce fluids

Using the chart, briefly review the process of ovulation and menstruation in females. Then review the course of sperm from the point of production in the testicles to final ejaculation through the penis.

Summarize by reviewing the following points or questions.

Discussion Points:

1. What is puberty? (Puberty is the time in a boy's or girl's life when the body becomes that of an adult: the reproductive system matures, their genitals and other parts of their bodies grow and change, and they become physically capable of being a parent. Even though their bodies become mature, most young people are not socially and emotionally mature enough for parenthood until their 20's.)
2. When does it happen to boys? To girls? (Boys -- puberty begins between the ages of 10 and 14. Girls -- puberty begins between the ages of 8 and 12. The age is different for every individual, but each "body clock" causes puberty to start at just the right time for that person.)
3. What are some of the changes that occur during puberty? (Discuss male and female changes: larger genitals, first ejaculations, deepening voices, and beard growth for boys; breast development, menstruation, widening hips and pelvis for girls; and growth spurts, pubic hair, and oil and sweat glands for both. Be sure to emphasize individual rates of growth and individual differences in the way young people develop. For example, not all boys get real tall or develop full beards. Some girls develop small breasts, some develop middle-sized breasts and others develop large breasts. Differences make us unique.)
4. Why do girls menstruate? (Beginning at puberty, one of a girl's ovaries releases an egg each month and her uterus grows an extra-thick lining which is not needed unless her egg is fertilized and she becomes pregnant. If the egg is not fertilized, the lining is discarded by the uterus and that is what we call her menstrual flow, or period. This happens so girls' bodies can prepare and practice for a time when they are older and may decide to have a baby.)
5. Why do boys have wet dreams? (Beginning at puberty, boys' testicles make millions of sperm cells each day. When a boy is younger and not having sexual intercourse, the sperm build up and his body releases them in a natural way while he

sleeps. When a boy has an ejaculation in his sleep, we call it a wet dream.)

6. How do feelings change? (Both boys and girls may start to have new and different feelings at puberty:

- They may feel confused or a little scared about all the changes in their bodies.
- They may feel excited or nervous about new relationships and new responsibilities.
- They may feel sexually excited, or "turned on" by another person or by their own sexual thoughts or fantasies.

All these feelings are perfectly normal. Young people may want to talk to a parent or an adult they trust about their feelings. Boys and girls especially need to know that having sexual feelings does not mean they are ready to get involved in sexual behaviors like kissing or petting or sexual intercourse.)

Leader Resource

ANATOMY AND PHYSIOLOGY

Female Reproductive System

External Parts and Functions

Labia majora and labia minora: Two sets of folds on either side of the vagina; provide protection to the clitoris and the urethral and vaginal openings.

Clitoris: A structure located in front of the urethral opening at the point where the inner labia meet; focal point of stimulation for the female. No reproductive function.

Urethral opening: A small opening in front of the vagina for the passage of urine (not a part of the reproductive system).

Vaginal opening: Located between the urethral opening and the anus; may be covered by a thin membrane called the "hymen" prior to first experience of intercourse; outlet for the menstrual flow.

Anus: The outlet for the expulsion of feces (not a part of the reproductive system).

Internal Parts and Functions

Pelvis: The basin-shaped body structure that provides support and protection to the internal reproductive organs.

Pelvic region: The part of the body located between the waist and the thighs.

Bladder: A sac-like structure in the pelvic region; responsible for storing urine (not a part of the reproductive system).

Urethra: A tube through which urine passes from the bladder to the outside of the body (not a part of the reproductive system).

Vagina: Passageway extending from the uterus to the outside of the body; canal through which the baby passes during the delivery; passageway for the menstrual flow to the outside; place where intercourse occurs. Capable of expanding during intercourse and childbirth. Lubricates during sexual arousal; girls often experience vaginal lubrication and possibly orgasm during sleep.

Cervix: The mouth or opening into the uterus; protrudes into the uppermost part of the vagina. Protects delicate tissues in the uterus. The opening is only as big around as a piece of spaghetti and is covered by a mucous plug unless the female is menstruating or delivering a baby.

Hymen: A thin membrane that partially covers the opening to the vagina in most girls. May be stretched or broken during vigorous physical activity. Absence of hymen is not an indication of sexual experience.

Uterus: A pear-shaped muscular organ located in the pelvic region; beginning at puberty, the lining sheds periodically (usually monthly) during menstruation; baby grows and develops within during pregnancy.

Fallopian tubes: Passageway for the egg from each ovary to the uterus; place where fertilization occurs.

Ovaries: Two oval-shaped structures located in the female pelvic region, under the finger-like endings of the Fallopian tubes; each contains 300,000 to 500,000 egg cells at birth; produce female sex hormones, estrogen and progesterone; begin release of eggs at time of puberty.

Ovum or egg: About the size of a pin head; if not fertilized, dissolves and is absorbed. Usually one is released monthly; if more than one egg is released and fertilized, may result in twin or multiple births.

Menstruation

Function: Monthly shedding of the uterine lining that has formed in preparation for a fertilized egg. If an egg from the ovary is fertilized by a sperm, the fertilized egg settles into the lining of the uterus which provides nurturance for the first six weeks. If the egg is not fertilized, the lining is not needed, so it is shed through the vagina.

Age of onset and termination: Varies from age 9-17; ends at menopause, about 45-55 years of age.

Length of cycle: Varies, average is 28 days. Intervals may be irregular in young girls.

Duration of flow: Varies; average is 2-7 days. Amount of flow also varies -- 1-6 tablespoons of fluid (blood and tissue). Some girls and women experience cramps caused by uterine contractions.

Hygiene: May be necessary to bathe more frequently; use sanitary protection (pads or tampons); change pads frequently (2-5 times a day).

Common myths: Boys can tell when a girl is having her menstrual period; bathing and washing one's hair are harmful while menstruating; bathing causes menstrual cramps.

Reproductive Process

Ovulation: During ovulation, an ovary releases a mature egg that then becomes available for fertilization. Ovulation occurs approximately 14 days before a menstrual period begins, but is frequently irregular in young girls and many adult women. The first ovulation may or may not coincide with the first menstrual period; a girl may begin to ovulate before, at the time of, or sometime after she first menstruates. Multiple ovulation may result in twin or multiple births.

Fertilization: The union of an egg with a sperm in the Fallopian tube. Sperm cells are capable of fertilization up to 7 days after intercourse.

Male Reproductive System

External Parts and Functions

Penis: The male organ for sexual intercourse and urination.

Circumcision: The removal of the foreskin which covers the head of the penis; usually done in the first 4 days of life; aids hygiene (the removal of smegma, a normal secretion from the penis that can accumulate under the foreskin); does not affect sexual functioning. Circumcision is not essential; parents can decide whether or not they want their sons to be circumcised at birth.

Erection: The process by which the penis fills with blood and becomes hard in response to thoughts, fantasies, temperature, touch, or sexual stimulation.

Scrotum: The pouch located behind the penis which contains the testicles; provides protection to the testicles; controls temperature necessary for sperm production and survival.

Testes (testicles): Two round glands which descend into the scrotum following birth; produce and store sperm starting at puberty; produce male sex hormone, testosterone.

Anus: The opening through which bowel movements pass (not a part of the reproductive system).

Internal Parts and Functions

Vas deferens (sperm tube): Passageways for sperm, leading from the testicles and joining with the urethra.

Seminal vesicles: Two sac-like structures lying behind the bladder; secrete a thick fluid that forms part of the semen.

Prostate gland: A gland located in the male pelvis; secretes a thick, milky fluid that forms part of the semen.

Cowper's glands: Two small glands that secrete a fluid that is released from the penis soon after erection; may contain sperm that can cause pregnancy; this fluid neutralizes the acid in the urethra which enables sperm to live longer once they have been ejaculated.

Urethra: The tube that runs from the bladder, through the prostate, and finally through the length of the penis. Has two functions: to allow urine to leave the body and to allow semen to be ejaculated; closed to urine during ejaculation.

Sperm: The male sex cells; too small to be seen without a microscope; shaped like tadpoles; movement aided by lashing their tails; production begins usually between age 12-14; total number per ejaculation -- 200 to 500 million; may survive in the Fallopian tubes up to 7 days, but rarely cause fertilization after 72 hours.

Ejaculation: The release of semen from the penis.

Semen: The sperm-containing fluid that passes out of the penis at the time of ejaculation; made up of sperm as well as fluids from the prostate gland and the seminal vesicles; clear color in young males. Regardless of the color of their semen, boys are still capable of impregnating a girl.

Nocturnal emissions (wet dreams): Erection of the penis and subsequent ejaculation during sleep; normal way of releasing sperm from the body; related to the individual's level of sexual awareness and interest, usually triggered by sexual dreams and fantasies. Occur most frequently in males who are not engaging in masturbation or sexual intercourse.

BODY CLOCK

Purpose: To provide parents and youth with information on puberty and the sequence of physical changes that occur to both boys and girls.

Materials: Handouts, "Anatomy Drawing (Male)," "Anatomy Drawing (Female-External)," and "Anatomy Drawing (Female-Internal)," "The Body Clock" (for males) and "The Body Clock" (for females); Leader Resources, "Anatomy and Physiology" (from "Then One Year" activity), "Puberty Outline" and "Notes for Body Clock Activity."

Time: 45 minutes.

Planning Note: This activity should always be your second choice for this time period. Choose this only if you can't obtain a film. Note that you will be using materials from the previous activity, "Film: Then One Year."

Procedure: Begin by presenting a brief lecturette on male and female reproductive anatomy using the Leader Resource, "Anatomy and Physiology" and handouts from the previous activity, "Film: Then One Year." Pass out the anatomy handouts for participant review during the lecturette. Identify the name and function of each body part.

Next, review important points about puberty using the Leader Resources, "Puberty Outline" and "Notes for Body Clock Activity." Be sure to go over the physical changes that occur for boys and girls in the correct sequence.

Then give each participant a copy of both handouts, "The Body Clock" for males and females. Divide participants into small groups of parents and youth. Ask participants to place numbers one through five in the circles to indicate the order in which the changes will occur. Tell group members they can help each other -- the purpose of this activity is to learn which body changes mark the beginning of puberty, which will occur in the middle, and which will come at the end for boys and girls.

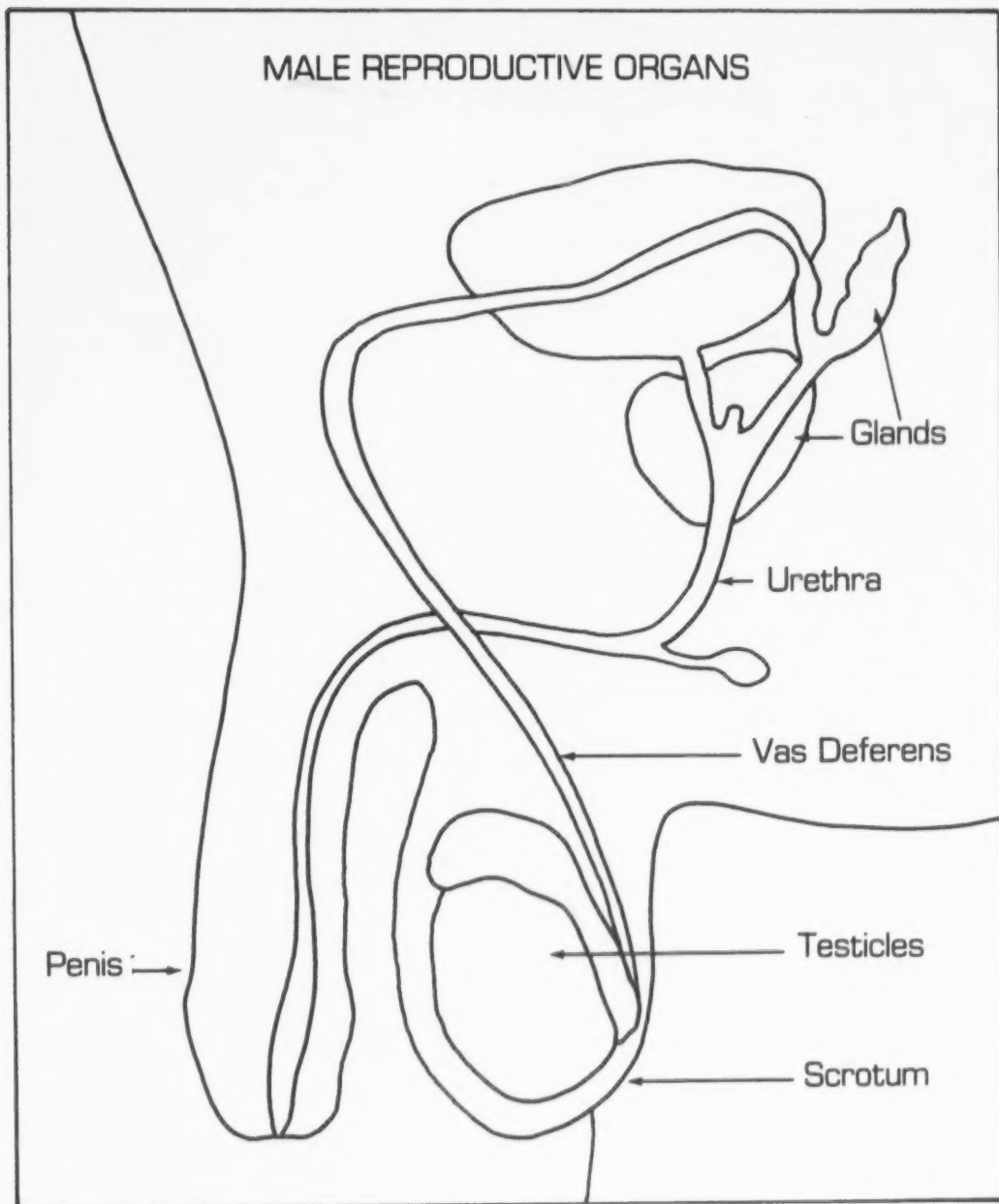
After each group has completed the handouts, go over the male and female sequences as they occur so parents and youth can correct their answers.

Discussion Points:

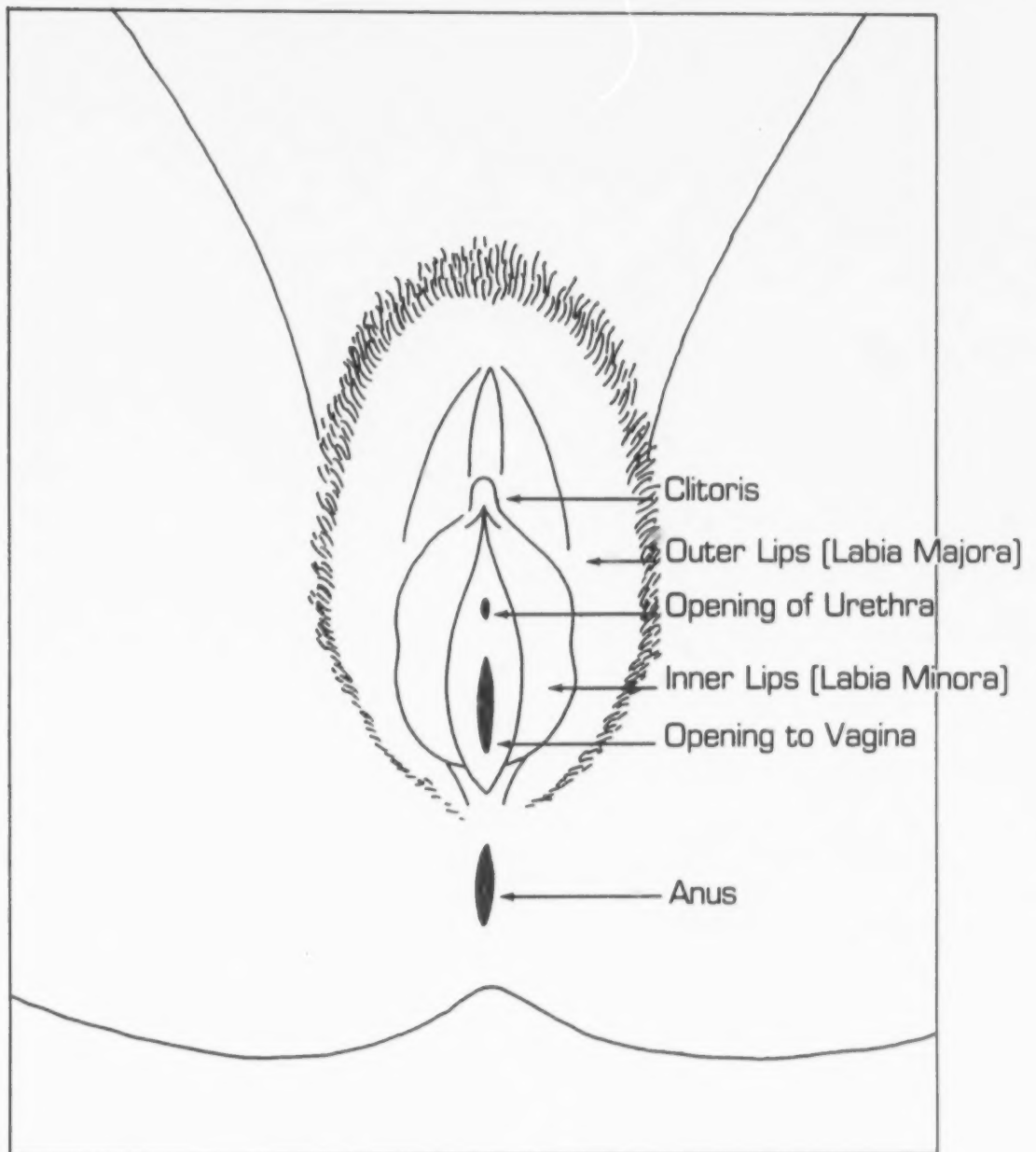
1. How do different families respond when boys' bodies begin to change? Girls' bodies?
2. What is the age of the youngest boy you know who already is growing facial hair (beard)? The age of the oldest boy you know who still hasn't begun growing facial hair?

3. How old is the youngest girl you know who has developed breasts? The oldest girl you know whose breasts have not developed?
4. Why do different boys and girls develop at different ages? (Some reasons are heredity, health and nutrition, body weight, and other factors we don't really understand.)
5. Make the point that even though the timing of puberty varies, the sequence is universal and most youth go through the changes in the same basic order. Furthermore, knowing the sequence help parents and youth anticipate future changes.

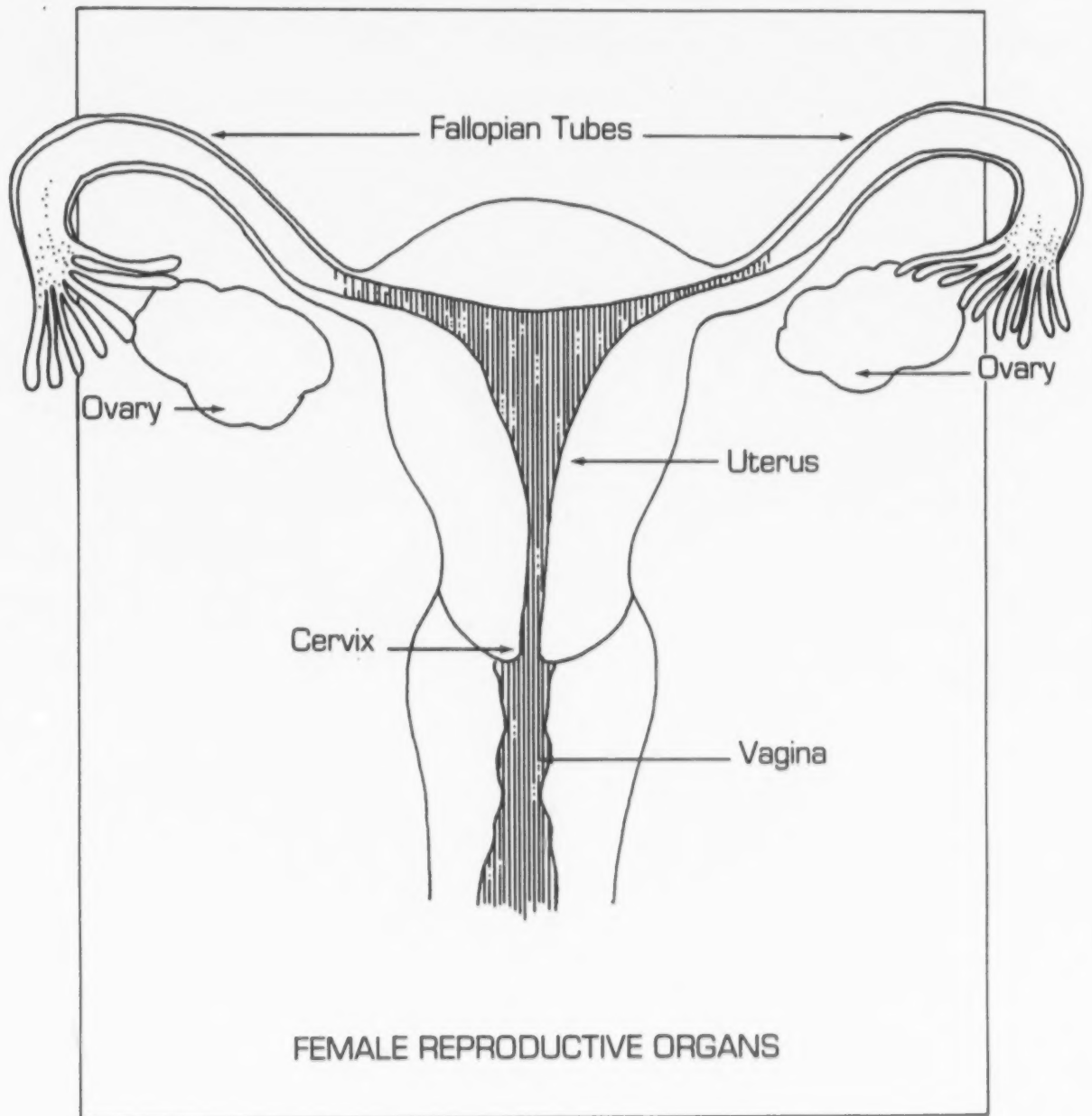
Handout
ANATOMY DRAWING (MALE)



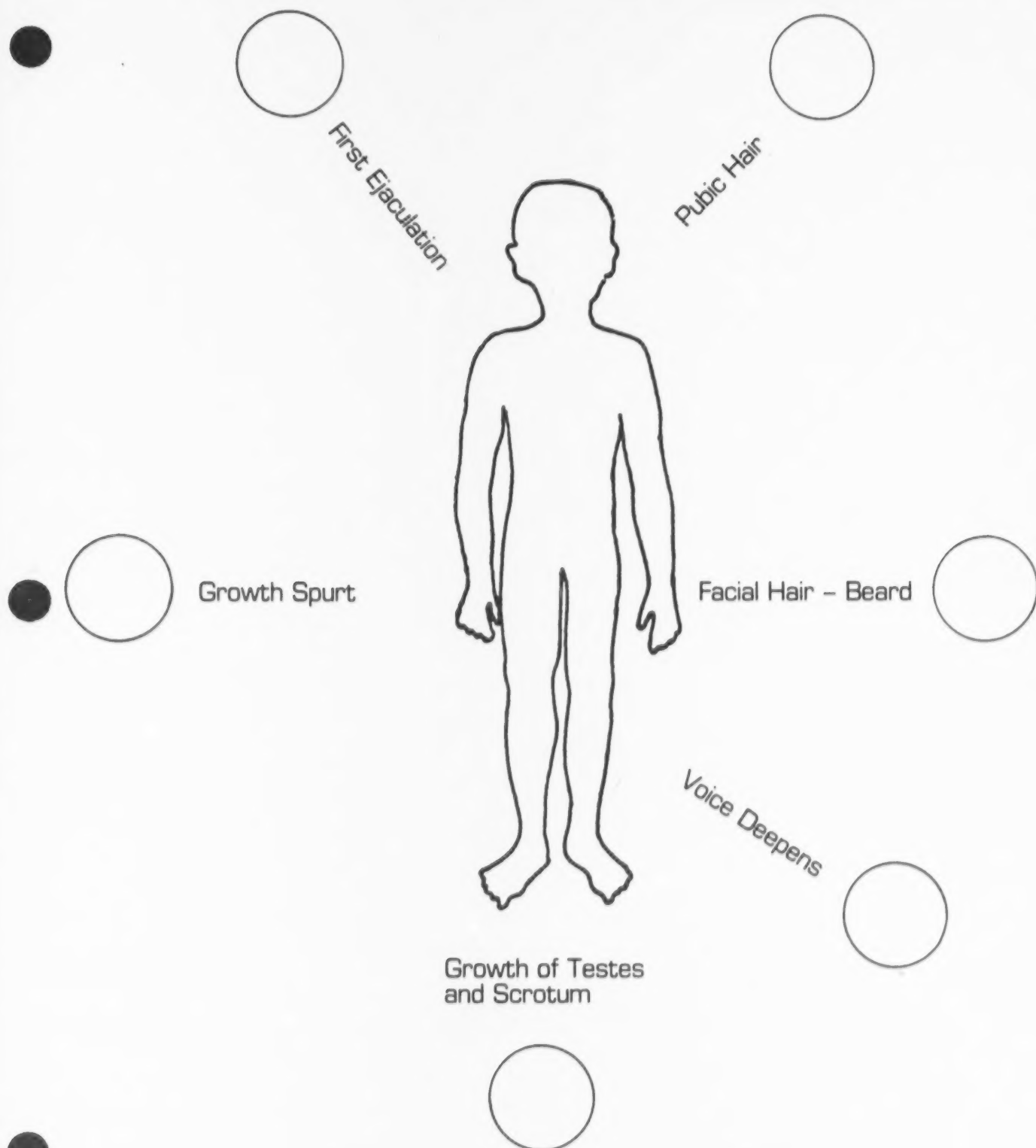
Handout
ANATOMY DRAWING (FEMALE - EXTERNAL)



Handout
ANATOMY DRAWING (FEMALE - INTERNAL)

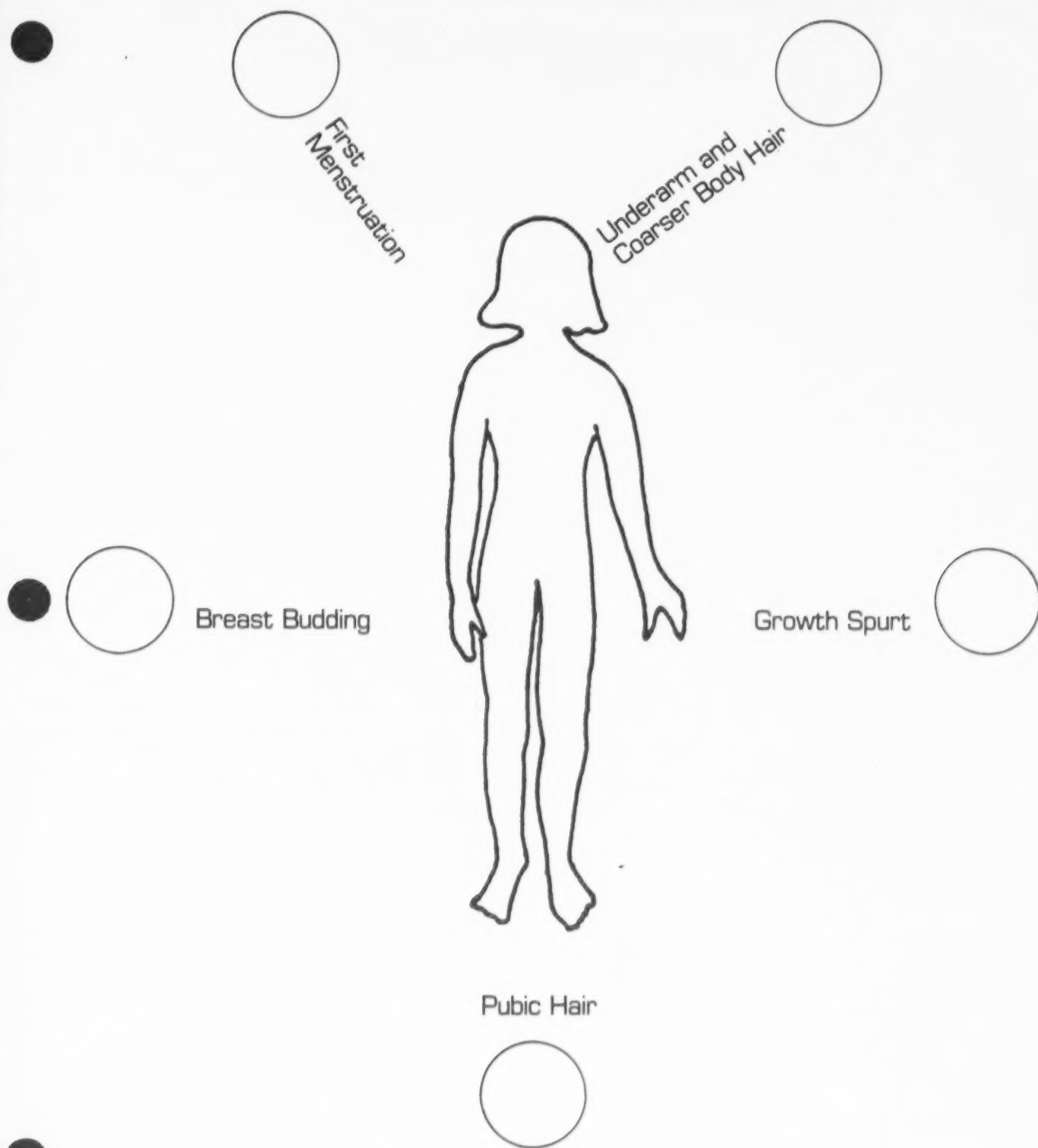


THE BODY CLOCK (MALE)



Adapted from: In-Between: A Family Life Education Curriculum for Elementary Adolescents
[Ages 10 - 14]. Memphis, TN: Planned Parenthood of Memphis, 1981.

THE BODY CLOCK (FEMALE)



Adapted from: In-Between: A Family Life Education Curriculum for Early Adolescents
[Ages 10 - 14]. Memphis, TN: Planned Parenthood of Memphis, 1981.

Leader Resource

PUBERTY OUTLINE

- A. Puberty is a time of change and, for many young people, a time of concern. Around the age of 8 or 9 for girls and 10 or 11 for boys, many young people begin to wonder and worry about adolescence and the changes their bodies will go through at puberty.
- they wonder when the changes will begin;
 - they worry about whether their bodies will change at the "right time" (when their friends' bodies change);
 - girls wonder when their periods will start and worry that their breasts won't develop or they worry about early development;
 - boys worry about the size of their penis and wonder when a beard will start to grow;
 - girls worry that they will never stop growing taller and boys worry that they will never start growing taller.
 - Parents may also wonder about the physical development of their puberty-aged children and need reassurance that all is proceeding according to schedule.
- B. The timing of puberty varies for each individual. No one can predict the exact timing or schedule of puberty for a particular child, but giving basic information can help alleviate some fears. It is especially important for boys and girls to know the facts. At the same time, it is important for their parents and other adults to be informed and sensitive. For example, calling attention to rapid growth and physical change, or the lack of it, may be very embarrassing for a boy or girl.

Basic facts about puberty include:

1. Puberty is a time in each boy or girl's life when the body finishes growing, becomes physically that of an adult, and reaches reproductive maturity (becomes capable of producing a child). The period known as puberty generally begins between 8 and 14 but lasts for several years.
2. There is a difference in puberty for boys and girls. Boys generally enter puberty two years later than girls. (There are exceptions -- an individual boy may mature earlier than an individual girl.) Because boys mature later, they have more time to continue their growth and, generally, are taller as adults.
3. There is a universal sequence, or order, for the changes that occur during puberty.

Girls (beginning between the ages of 8 and 12)

- breasts begin to grow and "bud", usually one before the other
- pubic hair starts to grow
- the whole body experiences a growth spurt
- underarm and coarser body hair appears
- first menstruation occurs

Boys (beginning between the ages of 10 and 14)

- testes and scrotum begin to grow
- pubic hair starts to grow
- the body experiences a growth spurt (arms, legs, and penis grow)
- a first ejaculation occurs
- the voice changes and deepens (larynx grows)
- facial hair (beard) appears

This order may vary, but not by much. It is the same for almost all boys and girls. The different stages of development may not be as distinct or as easily recognized as these lists would indicate -- some changes may be so slight that they are unnoticed.

- C. Emotional and social changes accompany the physical changes of puberty. Distressing, confusing, or exciting feelings that boys and girls experience during puberty are normal. They are caused by the same hormones that produce all the physical changes accompanying puberty. They are also caused by the fact that a boy or girl's life is changing at the same time as his or her body, and any change -- new experiences, new responsibilities, new relationships -- often causes a person to feel anxious or uncomfortable.

Some of the emotional and social changes that happen may include:

- Young people may feel clumsy or awkward as their bodies grow and change rapidly.
- They may feel embarrassed about development of genitals and breasts, or about acne or body odor.
- They may want to try out more adult roles and behaviors since they are becoming more mature physically.
- Parents and other adults may expect youth to act older and more adult-like, and may treat them as if they were older. But youth may feel unprepared for adult responsibilities.

- Parents may feel uncomfortable hugging a child as he or she develops an adult-like body, but youth may feel rejected and hurt by that.
- Boys and girls may experience sexual arousal, feelings of being "turned on", by their own thoughts or fantasies or by another person they find attractive. These feelings are very normal but should not always be acted upon. The act of sexual intercourse for teens brings with it many serious consequences including pregnancy, disease, emotional problems and so on. Young people need to know that feelings are always OK, but that they need to learn to deal with their feelings instead of acting without thinking.
- Youth may get into arguments with parents and other adults more often, especially over the issue of "who is in control?".
- Friends become more important to youth and strong feelings of friendship and love, or anger and hate, can emerge.
- Youth may notice their feelings changing rapidly, from being "blue" to feeling great or vice versa.

Source: In-Between: A Family Life, Education Curriculum for Early Adolescents (Ages 10 - 14). Memphis, TN: Planned Parenthood of Memphis, 1981, and Understanding Early Adolescence: A Framework, J. P. Hill, Chapel Hill, NC: Center for Early Adolescence, 1980.

Leader Resource

NOTES FOR BODY CLOCK ACTIVITY

The "Body Clock" activity can help children to be aware of the physical signs which indicate that most young people are reaching reproductive maturity on schedule. The "Body Clock" diagram simplifies this process, but it does not indicate some of the more subtle changes which the leader may want to explain. For example, pubic hair appears in two stages. The first growth which develops is straight and pigmented; at a later time the characteristically kinky type begins to grow. For girls the kinky hair appears after the period of maximum growth and is the sign that first menstruation is approximately six months to a year away. For boys the straight pubic hair appears before the first ejaculation, but becomes kinky after this milestone is reached.

Voice changes for the male also take place in two stages. Some early voice changes occur prior to the first ejaculation, but the deep tonal transition comes after the appearance of axillary (underarm) hair and the period of maximum growth. Boys may be relieved to learn that the beard really is the last thing to grow.

A girl may recognize that her hips are getting rounder about the same time that she first notices any changes in her breasts, even though breast development does occur first. For other youth, the appearance of pubic hair may be the first observed signal of "growing up" even though a girl's breasts or boy's testes have already increased somewhat in size. The "Body Clock" activity is designed to help young people know what signs to look for first, and can reassure those who are expecting all these changes to take place at the same time.

THE BODY CLOCK (FEMALE)

I. Puberty -- Female

- A. Begins between ages of 8 to 12 and ends around age 16.
 1. Takes approximately 3-5 years to complete this stage of growth.
 2. Onset of puberty is consistently 2 years earlier in girls than in boys. Girls reach full height about 2 years earlier than boys.
 3. Females are born with slightly more mature skeletons and nervous systems and gradually increase this developmental lead throughout childhood.
 4. Earlier sexual maturation of females is one reason why males are about 10% taller as adults; by virtue of maturing later, males have more time to continue growing.
 5. Biological changes vary in time of onset and duration, yet these changes fall into definite and predictable sequence and pattern.

II. Sequence of Changes

A. Breast Budding

1. Starts between ages of 8 and 13 (average age of 11).
2. Completes development between ages of 13 and 18 (average age 15).
3. Psychological importance to a young female (may worry about size and shape).
 - a. Not unusual for one breast to develop faster the other.
 - b. An adolescent girl may worry about the asymmetry that results, especially if she doesn't know that the difference is usually corrected by the time development is completed. However, even in adult women true symmetry does not exist.
 - c. Certain amount of preoccupation and self consciousness is quite common.

B. Pubic Hair

1. Straight hair begins to grow between the ages of 11 and 12 on the average, shortly after breast development begins.
2. The adult pattern is generally established by age 14.
 - a. Kinky pubic hair appears after period of maximum growth.
 - b. This is a sign that first menstruation is approximately 6 months to 1 year away.

C. Growth Spurt

1. Usually starts at about age 10 1/2 (may begin as early as 9.5 years), peaks at age 12, and ends around age 14. Noticeable growth in height stops at age 18.
2. First menstrual period occurs after peak height velocity is passed (usually 1 year), so the tall girl can be reassured that she will not grow much more if her periods have begun.
3. Growth is not uniform. Usually the feet and hands grow faster first, accounting for the gangly and awkward appearance of adolescents.

D. Underarm Hair and Coarser Body Hair

The ultimate amount of body hair an individual develops seems to depend largely on heredity.

E. First Menstrual Period

1. One lingering misconception -- many people think menstruation marks the beginning of puberty when actually is it one of the last events to occur in this stage of life.
2. In the U.S., average age of first menstruation is 12.8 years.
3. Age range may vary from 9-18 years.
4. Usually begins 2 years after peak of growth spurt in height).
5. Early menstrual cycles may be more irregular than later ones.

6. There may be a lag of time of 1 year to 18 months before the process of ovulation becomes well established. (However, this cannot be relied upon -- assume that pregnancy can occur anytime after menarche.)
7. Secular trend
 - Successive generations have been generally getting taller and attaining puberty at progressively earlier ages.
 - Declining age of menarche. In 1900, average age for first menstrual period was 14-15, now average age is 12-13 years.
 - Attributed to environmental factors -- better nutrition and health.
 - This trend seems to have stopped.

THE BODY CLOCK (MALE)

- I. Puberty -- Male (usually begins around age 11 or 12)

Sequence of pubertal maturation is predictable, but the rate at which the events occur is highly variable.

 1. Onset of puberty is consistently 2 years later in boys than in girls.
 2. Onset of puberty ranges from age 9.5 to 15.
 3. Girls reach full height about 2 years before boys.
 4. In the year in which a boy grows the fastest, he normally adds 3 to 5 inches to his height.
 5. An average boy of 16 has reached 98% of his adult height.
- II. Sequence of Changes
 - A. Growth of testes and scrotum
 1. Onset of puberty is marked by the initial enlargement of the testes.
 2. Growth of testes and scrotum usually begins between the ages of 10 and 13.5.
 3. Development continues through most of puberty and is accomplished some time between ages 14.5 and 18.
 4. As testicles get larger, the scrotal skin reddens or darkens and wrinkles.
 5. Testes are the male reproductive glands that produce sperm and male hormones.
 - a. Unlike ovaries -- do not contain sperm at birth.
 - b. They are a conglomerate of solid threadlike cords called "seminiferous tubules."
 - c. During puberty, these tubules increase in size and begin to produce sperm.
 - d. From puberty on through the rest of the male's life, the testes more or less continuously produce sperm -- generating billions in the course of an adult lifetime.
 - B. Pubic Hair
 1. Usually an early event of puberty.
 2. Occurs between the ages of 10 and 15.

3. Prepubescent boys may have some finely textured hair but no true pubic hair.
 4. Long strands of slightly curly hair then appear at the base of the penis.
 5. Pubic hair becomes darker, coarser, and more curly as it spreads over the scrotum and higher up the abdomen.
 6. Straight pubic hair appears before the first ejaculation, but becomes kinky after this has occurred.
- C. Growth spurt
1. Arms, legs, and penis grow rapidly.
 2. Boy typically grows 3 to 5 inches taller in one year's time.
 3. Trunk grows approximately one year after arms and legs, so limbs appear lanky and awkward.
 4. Voice begins to deepen as a result of internal growth of larynx.
 5. Boys who experience their growth spurt later than others may need reassurance that their bodies will develop.
- D. First Ejaculation
1. Usually occurs about a year after testicular growth.
 2. Average age for the first ejaculation is 14.6.
- E. Voice Change -- (Growth of larynx)
1. Deepening of the voice results from the enlargement of the larynx.
 2. Occurs relatively late in adolescence - often a gradual process.
 3. Voice changes -- two stages
 - a. Some early voice changes occur prior to the first ejaculation.
 - b. Deep tonal transition comes after the appearance of axillary (underarm) hair and the period of maximum growth.
- F. Facial Hair
1. Important event because of its social implication as a badge of manhood.
 2. Facial hair begins to grow at about the time that axillary hair appears.
 3. Definite order in which the hairs of mustache and beard appear:
 - a. First facial hair grows at the corners of the upper lip.
 - b. Then it spreads to form a mustache over the entire upper lip.
 - c. Next it spreads to the upper part of the cheeks.
 - d. The beard is the last to grow.

Source: In-Between: A Family Life, Education Curriculum for Early Adolescents (Ages 10 - 14). Memphis, TN: Planned Parenthood of Memphis, 1981, and Understanding Early Adolescence: A Framework. J. P. Hill, Chapel Hill, NC: Center for Early Adolescence, 1980.



SESSION III: INFORMATION AND VALUES (2 Hours)

**Myth Information Game - OR -
Fact/Feeling Spinner**

30 minutes

Question Box

15 minutes

Break

10 minutes

**Have You Weighed Your Options? - OR -
What's Right For Teens?**

30 minutes

Video: "It's Okay to Say No Way"

15 minutes

Family Conversations

20 minutes

SESSION III
CHECKLIST FOR MATERIALS

- _____ Blackboard and chalk or newsprint and marker for "Myth-Information Game" -OR-
- _____ Index cards prepared for "Fact/Feeling Spinner" and a spinner for each group
- _____ Question box
- _____ Two copies of Leader Resource, "Have You Weighed Your Options?" -OR-
- _____ Copies of handout, "What's Right for Teens?"
- _____ Pens
- _____ Newsprint and markers
- _____ VHS video recorder
- _____ TV monitor
- _____ Video: "It's Okay to Say No Way"
- _____ Copies of handout, "Conversation Openers for Youth"
- _____ Copies of handout, "Conversation Openers for Parents"

MYTH INFORMATION GAME

Purpose: To reinforce participants' information and dispel myths related to anatomy and physiology.

Materials: Leader Resource, "Myth Information Statements"; blackboard or newsprint.

Time: 30 minutes.

Procedure: Tell participants that they are going to play a game that will help them dispel myths related to sexuality. Ask if anyone can tell you what a myth is. Explain that myths, rumors, and superstitions are untruths that are often passed around as fact. Divide the group evenly into two teams (parents and youth may want to play against one another) and place them on opposite sides of the room. Tell each team to choose a name for itself.

Read the first statement to the first member of one team. Ask that person to decide whether it is a fact or a myth, but stress that this is a team effort. Even though each team member will have responsibility for one question, the other team members can help decide on the answer. Once you've gotten the team's answer, state whether the answer is correct and place the score on the blackboard.

Continue by reading the next statement to the first member of the other team, then alternate until every participant has responded to a statement. Allow a few minutes for discussion of each statement. Take this time to provide additional information, if appropriate. Announce the winning team at the end of the activity.

Be aware of participants' sensitivities. If a person's response is laughed at, remind the group that everyone believes some myths.

Be respectful of parents who still believe certain myths. For example, some mothers might think that it's harmful to bathe or shower during menstruation. Respond by saying something like, "I really understand why you believe that. I was told the same thing most of my life. Doctors now know that it's perfectly OK to bathe during one's period. In fact, it's especially important to be clean during that time."

Discussion Points:

1. Name a new fact that you learned during this activity.
2. How did you enjoy this activity?

Leader Resource

MYTH INFORMATION STATEMENTS

1. **A girl can get pregnant by kissing. (Myth)** The only way to get pregnant is by having sexual intercourse so that sperm can enter the vagina.
2. **All men prefer women with big breasts. (Myth)** Men are different. Some men like women with large breasts, some like small breasts. Some don't care.
3. **On the average, girls begin puberty earlier than boys. (Fact)** Yes, girls begin puberty 1 to 2 years earlier than boys, but boys do catch up.
4. **A girl can get pregnant before she has started menstruating. (Fact)** Yes, sometimes the egg comes out of the ovary and gets fertilized even before a girl has started having periods.
5. **All boys have wet dreams. (Myth)** Some boys don't have wet dreams. Those boys who have regular ejaculations through masturbation or sexual intercourse won't have wet dreams. However, boys need not make themselves ejaculate. Excess sperm will be released as necessary through wet dreams.
6. **A boy cannot make a girl pregnant unless he has had a wet dream. (Myth)** A boy can get a girl pregnant whenever he is able to have an ejaculation, beginning at puberty.
7. **Girls are born with all their eggs in their ovaries. (Fact)** Girls have thousands of eggs in each ovary when they are born.
8. **If a girl isn't menstruating by the time she is 16, there's something wrong with her. (Myth)** Absolutely not. It is not abnormal for a girl to begin her period as early as age 8 or as late as age 16.
9. **A virgin is a person who has never had sexual intercourse before. (Fact)** This is true for both males and females.
10. **Girls who are virgins can't use tampons. (Myth)** With the help of their parents, girls can make their own decisions about feminine protection. Girls, whether virgins or not, can use tampons. Even when a girl has not had intercourse, the opening in her vagina is large enough for a tampon to fit in. Often girls are born with a thin membrane, the hymen, that partially covers the vagina. The hymen always has one or more openings in it so that the menstrual flow can come out. Some girls have stretched or enlarged their hymens by being active - riding bikes, exercising, etc.

11. **A man can tell whether or not a woman is a virgin. (Myth)**
No, you can't tell by looking, and because the hymen can be stretched through physical activity, a man could not tell during sexual intercourse whether or not the woman has ever had intercourse before.
12. **In order for sperm to be manufactured, the temperature in the testes must be slightly cooler than body temperature. (Fact)**
The scrotum acts like a temperature gauge and allows the testes to be drawn up close to the body in cold weather or cold water, but allows the testes to hang just below the body (where it is cooler) most of the time.
13. **Most females' breasts are the same shape and size. (Myth)**
No, most females' breasts are not exactly the same size and shape. Breasts can be several different shapes and many different sizes.
14. **If a girl misses her period, she is definitely pregnant. (Myth)**
In fact, when girls first start having periods, they often have irregular cycles and may even skip a month at times. However, if a young girl has had sexual intercourse, missing a period can be a sign of pregnancy.
15. **The sperm cell from the man determines the gender (sex) of the baby. (Fact)**
The father provides the chromosome or genetic message that tells the baby to be male or female.
16. **If a boy has not "gone steady" by the time he is 16, something is wrong with him. (Myth)**
Absolutely not! Boys become interested in dating at different times. It's important for boys and girls to trust their own feelings and go at their own rate. Don't worry about keeping up with your friends.
17. **Having sexual intercourse helps make a person more grown up. (Myth)**
No Way! What really makes a person more grown up? (Answers include: age, maturity, graduating from school, earning money, living alone, etc.)
18. **A slight vaginal discharge is normal for girls. (Fact)**
Girls do have a little clear or whitish fluid that's normally secreted from the vagina. It becomes abnormal if it is yellow, greenish, lumpy, has an odor or causes itching. A girl with any of these symptoms should tell her parent and be sure to see a doctor.
19. **The majority of students in junior high school have had sexual intercourse. (Myth)**
Most young people think this is true but it isn't. The media and your friends might try to make you believe that everyone is having sexual intercourse but don't believe it. You'd be like most other young teenagers if you said "no" to sex at your age. We think that would be best for you.

20. **A person who has AIDS can spread the disease by hugging or shaking hands. (Myth)** AIDS is actually hard to get. It is not passed through casual contact. Who knows how the virus that causes AIDS is spread? (The HIV virus must get into a person's blood stream through sexual intercourse, IV drug use, or any other exchange of body fluids.)
21. **Girls shouldn't swim while they are menstruating. (Myth)** It is fine for girls to swim and they should bathe or shower daily when they are having their period. It is also fine for girls to shampoo their hair.
22. **A girl cannot get pregnant if she has sexual intercourse standing up. (Myth)** Anytime sperm make contact with the vagina a girl can get pregnant.
23. **Having oily skin and pimples is part of growing up for most teenagers. (Fact)** Some teens luck out but most have pimples. Some people continue to have pimples through adulthood.
24. **All sexually transmitted diseases can be cured. (Myth)** Diseases such as AIDS and herpes can't be cured but they can be prevented.
25. **Cancer of the testicle is more common among teenage males than among men over 35. (Fact)** It's most common among young adult and teenage men. The first sign is a lump on the testicle.
26. **There are approximately 1,000 sperm in an ejaculation. (Myth)** There are many more sperm in an ejaculation -- millions.
27. **In males, one testicle usually hangs slightly lower than the other. (Fact)** This is also true for female breasts.
28. **Most sexually transmitted diseases are only transmitted through intimate body contact. (Fact)** The STD germs can not go through the skin. They must enter a mucous membrane such as the mouth, penis, vagina, or anus. In the case of AIDS, the virus must get into the bloodstream.
9. **Frequent touching will cause a girl's breasts to get larger. (Myth)** At the time of conception, when the egg is fertilized, messages (genes) from mother and father have determined the color of your eyes, how tall you will be and also the size of your breasts. Gaining or losing weight can affect the size of a female's breasts.
30. **Boys need sex more than girls. (Myth)** No way! Neither boys nor girls need sex to be healthy. It is normal and healthy for boys and girls to have sexual feelings, especially when they have fantasies or when they like someone and spend time with that person and maybe hug and

kiss. However, it is important for boys and girls to think about what they do with those feelings. Sexual intercourse at your age usually leads to bad feelings, guilt, regret, pain, and often pregnancy and STD. Thus, we think it's best to wait until you're older to begin having intercourse. Parents can help children know when it is right to take this big step. When you're older you will find that sex is important to both men and women. Sometimes men try to be "macho" by making others think that they need and want sex all the time. Men who are honest admit that this isn't true.

31. **Girls who start having sexual intercourse before age 16 are more likely to get pregnant than those who wait until they are 18 or 19 to have sex. (Fact)** Younger girls are less likely to use contraception than older girls. It's best to wait until you're ready to handle the responsibilities of sexual intercourse. Many people feel that it is best to wait for marriage.
32. **A girl cannot get pregnant the first time she has sexual intercourse. (Myth)** Of course she can, and believe me, it has happened!
33. **Males always have signs or symptoms if they have a sexually transmitted disease. (Myth)** Both males and females can have STD without having any symptoms. STD's are diseases passed through sexual intercourse or other close sexual contact. Often males will have symptoms such as a discharge from the penis, pain when they urinate, or a sore or blister around the penis. However, it is possible for a boy to have a disease without getting any symptoms. It is much more common for the female to have a disease without having any symptoms. In the case of AIDS, a boy or girl could be infected with the virus that causes AIDS and not develop any symptoms for as long as 10 years.

FACT/FEELING SPINNER

Purpose: To explore feelings related to sexuality. To review and reinforce information about sexuality.

Materials: A set of Fact/Feeling Spinner questions (from the Leader Resource, "Fact/Feeling Cards") printed on white and blue (or white and any other color) index cards for each group; spinner for each group; Leader Resource, "Answers to Factual Questions"; paper plates; cardboard; scissors; small brass brads; blue marker or crayon.

Time: 30 minutes.

Planning Note: Before the session, make enough spinners so each small group can have one. To make a spinner, draw lines on the back of a paper plate, dividing it into pieces like the slices of a pie. Color every alternate "pie wedge" blue; leave the others white. Attach a movable cardboard arrow in the center; make sure the arrow spins easily.

Procedure: Before beginning this activity, reinforce the "no put downs" ground rule and tell participants the purpose of this game is to share feelings and information. Divide parents and youth into groups of four to six with family members staying in the same group. Provide each group with a spinner and set of index cards. Participants should take turns spinning the arrow and drawing a card that matches the color (white for "feeling" questions, blue for "fact" questions) where the arrow stops. If participants do not want to answer the particular question they have drawn, they should put the question at the bottom of the pile and draw again. Encourage participants to answer all of the questions, but also make it clear that no one has to answer.

After 20 minutes, reconvene the large group and briefly discuss the following questions.

Discussion Points:

1. Which questions were easier to answer -- fact or feeling?
2. Did you learn anything about your parent/child?
3. Do you have any additional questions?

Leader Resource
FACT/FEELING CARDS

WHITE CARDS -- FEELING QUESTIONS

What qualities do you like in a friend?

What do you think is the best way to prevent a sexually transmitted disease?

How would you feel if a teenage friend told you she was pregnant?

What would you tell a teenage boy who told you his girlfriend was pregnant?

With whom do you feel more comfortable talking about sexuality?
Why do you think this is so?

What makes you nervous about growing up/growing older?

What do you like best about yourself?

How do you feel when you say "no" to a friend?

When I have/had my first pelvic examination, I will feel/felt
_____. (Females only)

When a doctor examines my body, I feel _____.

When do you think a person should start having sexual intercourse?

What is the best age for a man to get married?

What is the best age for a woman to get married?

How do you feel about examining your breasts or testicles?

If someone keeps pressuring you after you say "no," how do you usually respond?

If you could change something about your body, what would it be?

How do you feel about asking your doctor questions?

How do you feel about having periods or wet dreams?

What are the advantages of being female?

What are the advantages of being male?

How do you feel about the disease, AIDS?

What steps should we take in the U.S. to try to control the disease, AIDS?

What do you think about girls who get pregnant?

What was puberty like for you? (Parents only)

BLUE CARDS -- FACT QUESTIONS

What is a wet dream?

What should people do if they suspect they have a sexually transmitted disease?

What are some other words that people use for "menstrual period"?

True or false: Girls are capable of getting pregnant as soon as they start having periods.

At what age do boys enter puberty?

List two consequences of young teenagers having sex.

Name one possible symptom of a sexually transmitted disease.

Who begins puberty earlier -- boys or girls?

What is the first sign of puberty for girls?

What is the first sign of puberty for boys?

True or False: Only homosexuals and drug addicts can get AIDS.

True or False: There is no cure for the disease, AIDS.

What does the word abstinence mean?

Name two good reasons for a teenager to postpone having sex.

Leader Resource

ANSWERS TO FACTUAL QUESTIONS

A "wet dream" occurs when a boy or man ejaculates while he is asleep and semen is released (spurted out) from his penis. It is a natural way for excess sperm to be released from a male's body.

He or she should: 1) see a health professional right away (anyone can get free, confidential testing and treatment for a sexually transmitted disease), and 2) tell anyone he or she is having sex with about the STD as soon as it's diagnosed for certain.

Some people call a woman's menstrual period "the curse," "the pip," her "flow," "her aunt coming to visit," "falling off the roof" or being "on the rag."

True, but a girl is also capable of getting pregnant before her first period once she ovulates for the first time.

Boys enter puberty at different ages but most boys begin to experience changes around 11 or 12.

Any two of these: pregnancy
sexually transmitted disease
emotional hurt
feelings of guilt
getting a bad reputation
parents will be disappointed

Any one of these: a sore on the genitals (penis or vulva)
burning feeling when urinating
unusual discharge from the penis or vagina
no symptoms at all

Girls generally begin puberty earlier.

The first sign of puberty for girls is usually "budding" of breasts.

The first sign of puberty for boys is usually growth and enlargement of the testes and scrotum.

False. Only 6% of 13 and 14-year-old girls and 18% of 13 and 14-year-old boys have had sexual intercourse.

False. Anyone can get AIDS if he/she has sex or shares needles with a person who has the AIDS virus.

Abstinence means not having sexual intercourse, or not having sex.

Any two of these: just not ready
want to avoid pregnancy
want to avoid sexually transmitted disease
want to avoid emotional hurt
want to avoid guilt
want to avoid disappointing parents
want to avoid hurting your reputation
religious or family values prohibit it
partner isn't ready

QUESTION BOX

Purpose: To respond to participant questions written in Session II.

Materials: Question box; Leader Resource, "Answering Questions about Sexuality."

Time: 15 minutes.

Planning Note: Be sure to read the questions prior to this session so that you can research answers if necessary. Also, some groups will not have any questions. If this happens to you, you can go on to the next activity or bring in questions asked by other teens to answer during this time period. You can explain by saying, "This group didn't have questions but I thought you might be interested in questions I was asked in another group."

Procedure: Read each question and give answers or promote discussion as recommended in the Leader Resource.

Leader Resource

ANSWERING QUESTIONS ABOUT SEXUALITY

A. Questions Seeking Information

1. Be honest. If you don't know the answer, say so. Tell group members you will find the answer and get back to them or provide resources so they can find the answer.
2. Answer questions age-appropriately. Pre and early adolescents need simpler, more concrete answers.
3. Don't give too much, unnecessary information. Try to give simple answers that avoid technical jargon.
4. If you aren't sure what the young person is really asking (in verbal questions only), you might ask, "What have you heard about that?" or "Can you tell me what you already know about that?"
5. After answering the question, you might ask, "Does that answer the question?" Or if you want to check their understanding, ask them to tell you what they understand.

B. Value Laden Questions

1. Do not impose your own personal values.
2. Do enforce universal values (exploitation is wrong, and responsibility is good).
3. Discuss the range of values regarding a specific issue.
4. Even when participants ask informational questions about value laden issues, it is appropriate to discuss the value components.
5. Encourage children to discuss values with their parents.
6. If participants bring up a value and only discuss one point of view, it is important for you to make sure other points of view are discussed.

C. Personal Questions

1. Feel free not to answer personal questions. You and the participants have the right to privacy.
2. Never discuss your own sexual behavior.

3. Use your judgement to answer harmless personal questions. Remember, sharing about yourself should always be done for a reason -- to model appropriate sharing, to build group cohesion, to demonstrate empathy. It should not be done to meet your own needs.

D. "Am I Normal?" Questions

1. Try to recognize these questions. Sometimes they are disguised.
2. Discuss the range of normal and individual differences.
3. Use a reassuring and comforting tone.

E. Other Considerations

1. Be aware of your nonverbal communication. It can communicate distaste and disagreement.
2. It is OK to let group members know that a question is a bit embarrassing. Let them know that you need a little time to think about the best way to answer it and that you will get back to them.
3. Allow children and parents to ask questions in their own language. They may use slang because they don't know the scientific words. If they use slang, make sure that you check out the meaning. When you answer their questions, use the scientific language.
4. Try not to let "shock value" questions shock you. That simply reinforces participants' desire to embarrass you.

HAVE YOU WEIGHED YOUR OPTIONS?

Purpose: To allow parents and their children to evaluate the reasons why a teenager would choose to have sex or not to have sex.

Materials: Leader Resources, "Have You Weighed Your Options?" and "Pros and Cons of Teen Sexual Activity"; newsprint; two pens; magic markers.

Time: 30 minutes.

Planning Note: You will need two copies of the Leader Resource, "Have You Weighed Your Options?". Keep in mind that the purpose of this activity is to demonstrate in a concrete way that there are more good reasons for a teenager to say "no" to sex than for a teenager to say "yes." Do not force people to reach absolute consensus on whether to eliminate a reason from the lists that you will be generating here. If a few people think a reason makes sense, leave it on the list. However, if the reason that they are discussing is based on a myth, it is your job to dispel the myth. There should be a few logical reasons for teens to decide to have sexual intercourse; for example, to show love or for enjoyment. However, the reasons to wait should outweigh the reasons to have sexual intercourse as a teenager.

Procedure: Introduce this activity by saying, "Let's think about the decision a young person makes to have sex or not." Ask, "Do you think young teenagers feel pressure to have sexual intercourse?" Discuss their responses.

Next explain that you want group members to participate in an activity designed to help them evaluate the reasons why some teenagers have sexual intercourse and others decide to wait. Divide the group into parents and youth -- explain that each group will complete the first part of the activity separately and then come back together for the second part. Ask for a volunteer from each group to serve as recorder -- give each volunteer a copy of the Leader Resource, "Have You Weighed Your Options?" If no one from the youth group volunteers, you will act as recorder for that group. Now tell them that the task of the recorder is to write down all the reasons a teenager might give for having sexual intercourse on the left side of the "scale" -- and all the reasons a teenager might have for waiting until later to have sexual intercourse on the right side of the "scale." Explain that each group will brainstorm reasons and then you will list all the reasons from both groups on newsprint.

Give each recorder a pen and have the two groups go into different corners of the room to work on the activity.

After about 15 minutes, bring the two groups back together. Ask the youth recorder to read all of the reasons from his

or her group that teens might give for having sexual intercourse.

List them on the left side of the large scale you have drawn on newsprint or chalkboard. Now have the parent recorder do the same. Repeat the process for reasons teens might give for waiting to have sexual intercourse.

Now go back to the left side which lists reasons why a teenager might say "yes." Ask the entire group, parents and youth, to eliminate all the reasons that are not good or logical reasons for teens to have sex. Help all participants to evaluate the reasons, but accept all those that they agree are reasonable. Draw a line through reasons that group members feel are bad reasons.

Repeat the same process for the right side -- the reasons why a teenager might choose to say "no" to sexual intercourse. Eliminate the reasons that the group agrees are not logical reasons.

Finally, add up the reasons that remain on each side of the scale. Pretend each good reason weighs one pound. Which way does the scale tip? (It should always tip to "no.")

Discussion Points:

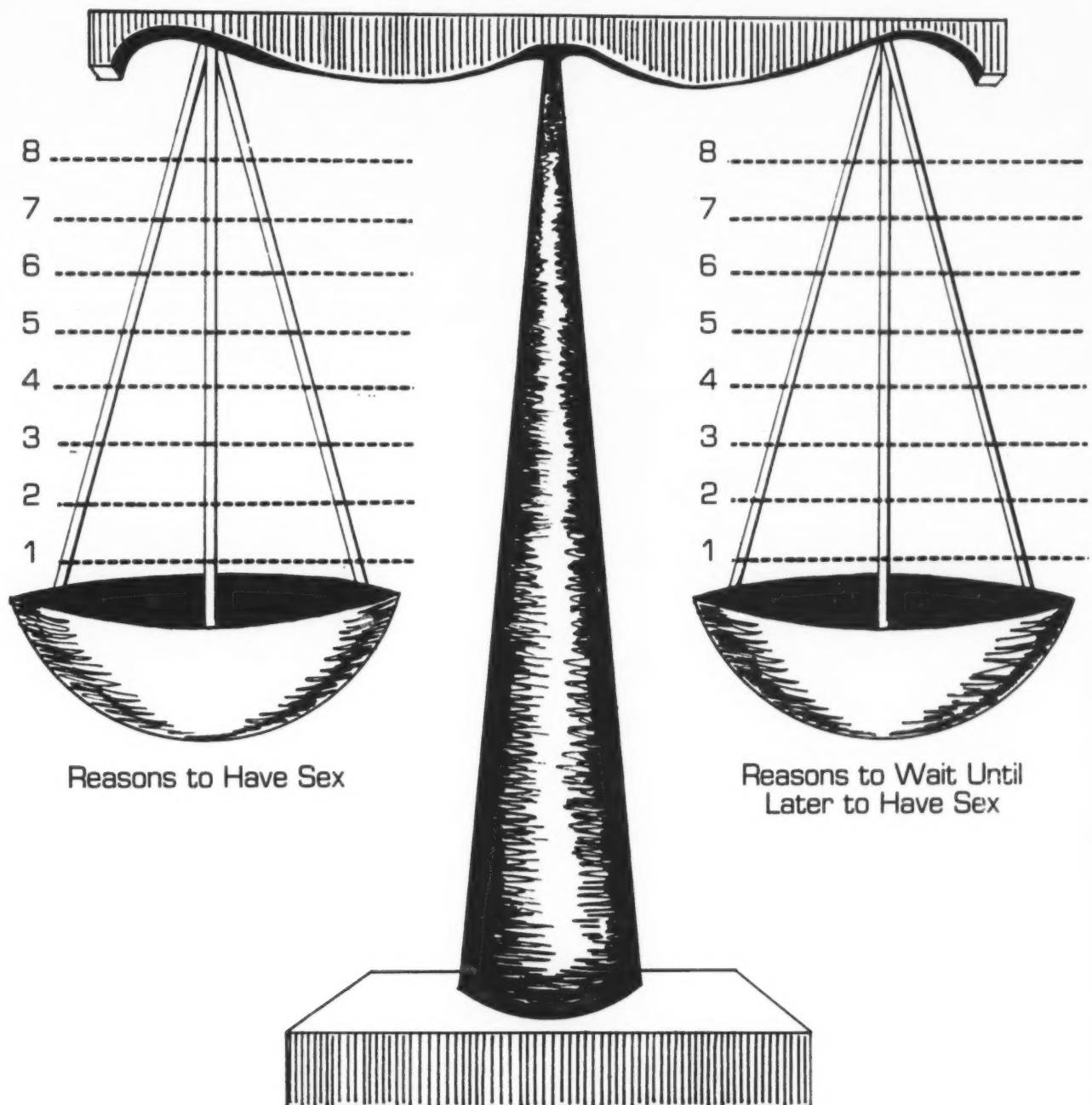
1. What are good and logical reasons for adults to say "yes" to sexual intercourse? Compare this list with the list for teenagers.
2. There are more good reasons for teens to say "no" to sexual intercourse than there are reasons to say "yes". How can a teenager follow through with a decision to say "no"?
3. Discuss the importance of assertiveness skills for everyone -- males and females, teenagers and adults. We all want and need to say "no" to sex sometimes.
4. Make the point that the teenager saying "yes" needs to plan ahead to handle all the consequences listed on the "no" side of the sheet. For example, how can teens avoid changing their reputation, or avoid pregnancy, AIDS, etc. Most young teenagers are not able to plan ahead successfully.
5. Stress the following points in summary:
 - Many teenagers (especially girls) feel badly about having sexual intercourse even if they don't get pregnant or get an STD.
 - Many young teenage girls don't enjoy the sexual experience.
 - Girls who begin having sexual intercourse early and go on to have sex with many different partners are at greater risk of getting serious infections and of possibly becoming sterile or getting cervical cancer.

- Teens often get pressured because they put themselves in pressure situations. One way to to avoid the pressure is to avoid the situations. Ask the group to help you list some of these situations, such as going to a party with older teens, going to someone's house when his or her parents are not home, inviting a boy or girl to your house when no one is home, and going out with a much older boy or girl.
- The majority of girls aged 15-17 (approximately 70 percent) and half of the boys 15-17 are not having sexual intercourse. Even fewer younger girls and boys are sexually active.
- Make the point that a person who has had sexual intercourse in a previous relationship may decide to abstain in a future relationship. Anyone always has the right to say "no."
- One problem that teens sometimes encounter is not being able to recognize clearly how they feel. They don't think they want to have sex, but they feel curious about having sexual intercourse or may be turned on to one particular person. It is normal to think about sexual intercourse and wonder what it would be like. All people have sexual feelings -- especially when they really like someone and spend time kissing, etc. Sexual feelings are OK and normal. We all have them. However, it is not always wise to act on your feelings, especially if the consequences are too great.

For example, sometimes when you're angry, you might feel like hurting one of your parents. But you don't, because of the consequences or because you believe it is wrong to hurt your parents. Also, you know that the feeling will pass. Try to be aware of your feelings, especially in dating relationships. Talk about them before things get out of hand. If you and your partner cannot agree on this decision, then maybe you need to find someone who feels the way you do.

- Teens often have sexual intercourse to appear more mature. Having sexual intercourse does not make teenagers mature. In fact, saying "no" is a sign of real maturity, because the person chooses to wait until he or she is ready, instead of being talked into it.
6. Discuss ways that teenagers can express their feelings for one another short of having sexual intercourse. What are ways people can show loving feelings for each other?
 7. Can parents think of any situations in which they experience peer pressure to do anything? How do they handle this pressure?

Leader Resource
HAVE YOU WEIGHED YOUR OPTIONS?



WHICH WAY DOES THE SCALE TIP?

Leader Resource
PROS AND CONS OF TEEN SEXUAL ACTIVITY

1. Reasons why some teens have sex:

- Pressures from peers.
- To communicate warm, loving feelings in a relationship.
- To keep from being lonely.
- To get affection.
- To experience pleasure or fun.
- To show independence by rebelling against parents, teachers, and other authority figures.
- To hold on to a relationship.
- To show that they are grown up.
- To become a parent.
- To satisfy curiosity.

2. Reasons why some teens postpone sexual activity:

- Don't want to violate one's religious beliefs.
- Don't want to violate one's personal or family values.
- Don't feel ready for a sexual relationship.
- Don't want to change a relationship with a boyfriend or girlfriend.
- Don't want to take attention away from school work.
- Don't want to risk a pregnancy.
- Don't want to risk getting a sexually transmitted disease.
- Don't want to jeopardize future goals.
- Don't want to damage relationships with parents.
- Don't want their reputations changed.
- Don't want to sneak around or feel guilty about having sex.

WHAT'S RIGHT FOR TEENS?

Purpose: To help participants explore their values regarding acceptable behavior for teenagers. To reinforce the negative consequences of having sexual intercourse as a teenager.

Materials: Handout, "What's Right for Teens?"

Time: 30 minutes.

Procedure: Introduce this activity in the following way: "Let's try an exercise to exchange ideas about which behaviors are OK or not OK for young people. It's important for parents to know how their children really feel about things and for children to know how their parents feel. We need to review the ground rules. No one will judge or punish another person for having a particular value. This is especially important for the youth in the group. They will not open up and say how they really feel if parents are going to punish them now or later. If parents disagree with their children's attitudes they can:

- Try to understand the child's feelings;
- Explain why they disagree;
- Reaffirm family guidelines; or
- Encourage children to continue to communicate with them, even if they disagree."

Make sure everyone agrees to the ground rules.

Distribute the handouts; explain them carefully taking the time to define all terms; and ask participants to fill them out. Allow about 5 minutes.

After 5-10 minutes, ask participants to divide into small groups with parents and youth in separate small groups. Have them share their responses with each other. They should follow this procedure:

- One person shares a response to the first behavior.
- That person states why he or she thinks the behavior is OK or not OK.
- Then, the other people in the group share their responses to the same behavior.
- After all have shared their responses to the first behavior, they should go on to the second behavior, etc.

- Each group should be prepared to report on what happened during its discussion. For example, "most people felt that _____ was not okay," or "the group was very divided on that behavior."

The goal is to understand each other's point of view. Allow about 15 minutes for the sharing in small groups. Then bring the large group together.

Review group responses to a few of the behaviors. Invite both the parent groups and the youth groups to comment. Make sure you hear a variety of opinions. Find out if people have different feelings about acceptable behaviors for males vs. females. Discuss the consequences of each of the behaviors. Weave the facts into the discussion.

Discussion Points:

1. When do you think it is appropriate for a person to have sexual intercourse?
2. Many people disagree about which behaviors are right for teens. However, most in our society agree that teens are too young to have sexual intercourse and are certainly too young to become parents.
3. Stress the following points in summary:
 - Many teenagers (especially girls) feel badly about having sexual intercourse even if they don't get pregnant or get an STD.
 - Many young teenage girls don't enjoy the sexual experience.
 - Girls who begin having sexual intercourse early and go on to have sex with many different partners are at greater risk of getting serious infections and of possibly becoming sterile or getting cervical cancer.
4. Discuss ways that teenagers can express their feelings for one another short of having sexual intercourse. What are the ways people can show loving feelings for each other?
5. There are different ways to show affection for another person without having sex. A couple can show affection but still stop before things go too far. Some teen couples have trouble agreeing on a "stopping" point. So... what should you do? Try to avoid situations where you will have to "stop." Talk about your feelings and what seems right for you. If you can't agree, then maybe you need to find someone else whose beliefs are closer to your own beliefs.

Handout

WHAT'S RIGHT FOR TEENS?

Rate each sexual behavior in terms of its acceptability for teenagers aged 14-16. Use the following scale.

1 Not OK

2 Unsure

3 OK

_____ Going steady

_____ Holding hands

_____ Hugging and kissing

_____ Petting above the waist

_____ Petting below the waist

_____ Intercourse with contraception

_____ Intercourse without contraception

_____ Masturbation

_____ Abstinence

_____ Parenthood

VIDEO: "IT'S OKAY TO SAY NO WAY"

Purpose: To promote the message that it is best for teens to wait to have sexual intercourse.

Materials: VHS video recorder; TV monitor; video: "It's OK to Say No Way" (National Board YWCA).

Time: 15 minutes.

Procedure: Introduce the video by saying, "Now that we've identified many good reasons for teens to postpone having sexual intercourse, let me show you a music video that offers the same message. We'll find out what you think of the message."

Show the video. Afterwards, discuss the following points.

Discussion Points:

1. What did you think of this video?
2. How did you feel about the message?

FAMILY CONVERSATIONS

Purpose: To have participants practice techniques for initiating conversations about sexuality.

Materials: Handouts, "Conversation Openers for Parents" and "Conversation Openers for Youth"; Leader Resource, "Family Conversations."

Time: 20 minutes.

Planning Note: Develop two posters that list the "Communication Barriers" and "Communication Bridges" from the Leader Resource. Post these in the front of the room.

Procedure: Begin the activity by asking the group, "How easy is it for parents and children to discuss sexuality issues?" The group will probably say that it is difficult. Brainstorm reasons why it is difficult and list these on newsprint. Put the communication posters on the wall. Review them briefly.

Now, tell participants that they are going to practice having a conversation about sexuality with their parent or child. Explain that a "conversation" takes place whenever two or more people talk with each other about any topic. It can happen any place and any time.

Model one or two ways of starting a conversation about sexuality (using ideas from handouts). If time permits, do this in role-play format, spending only a minute on each roleplay.

Now ask each person to think of a way to begin a conversation about sexuality with a parent or child. Pass out the appropriate handouts to participants and tell them that if they can't think of a way to start, they can use one of the openers on the handout. Have parents pair off with their children for a family conversation. Give participants 10 minutes to practice talking with each other about some topic that has come up during the session. Tell them that this may seem a bit contrived or unrealistic at first but it will get easier with practice.

Discussion Points:

1. What was this experience like for you?
2. What issues might parents and children wish to discuss after this session? Encourage parents to make sure they discuss their values about sexual intercourse and when it is appropriate -- this might be after marriage or during a committed relationship once adolescents have become adults.
3. Encourage families to continue to have conversations like this at home this week. Riding in the car or walking together are good times for talking.

Handout

CONVERSATION OPENERS FOR PARENTS

You have some issues you want to discuss with your child. How do you begin? Roleplay one of these "door openers" with your son or daughter. Complete the sentence with whatever comes to mind.

"When I was a teenager, girls who got pregnant..."

"Which of the myths that we discussed had you heard from your friends?"

"Do you listen to the words of your favorite songs? Which are your favorite songs? Tell me some of the words."

"What have you learned/heard about..." (menstruation/wet dreams/contraception/masturbation/ "making love"/sexually transmitted disease/teenage pregnancy...)

"One of the questions I wanted to ask my parents when I was about your age was...What answer would you give me if you were my parent?"

"What would you do if..." (A good opening for discussing peer pressure.)

"I've just learned that...is pregnant and it makes me think of some information I would like to talk with you about."

"What do you think about the way we (as a family) discuss sexuality issues? Is it often enough? Is it comfortable? (It's OK to admit feeling unsure, uncomfortable or embarrassed. It helps children learn to accept their similar feelings.)

"I remember I had a crush on this guy/girl when I was your age and had a lot of questions about what to do and say. Have any of your classmates had crushes? What do you think about boys/girls?

"You're getting older now and are probably having a lot of new feelings. I want to talk about some of those feelings..."

Adapted from Growing Up Together: Sexuality and Communication. K. Bosch, North Hampton, MA: The Family Planning Council of Western Massachusetts, Inc., 1982.

Handout

CONVERSATION OPENERS FOR YOUTH

You want to talk to your parents about something but you don't know how to begin. Here are some possibilities to practice. Choose a statement and start a conversation with your parent.

"I've got some questions about...Can we talk about it now?"

"What's it like to have a baby?"

"Did you feel funny about growing up when you were my age?
Did you ever ask your parents questions?"

"What did your mom or dad tell you about sex when you
were my age? What else did you wish they had told you?"

"How do you know when you're 'in love'?"

"I heard someone whispering about 'rubbers.' What are they?"

"When can I go out on dates?"

"Everyone is going out and I'm the only one who hasn't been
asked. What can I do?"

"Why do people kiss so long sometimes?"

"How do you make decisions to do or not to do something?"

"When did you first begin to 'like' someone?"

"When you were my age, what did you like to do?"

"How old were you when you started going out?"

"How come they won't let kids into 'R' rated movies?"

"What would you do if I got pregnant (or got a girl
pregnant)?"

"What should I do if a boy (or girl) tries to have sex with
me?"

Adapted from Growing Up Together: Sexuality and Communication. K. Bosch, North
Hampton, MA: The Family Planning Council of Western Massachusetts, Inc., 1982.

Leader Resource

FAMILY CONVERSATIONS

COMMUNICATION BARRIERS

1. Don't listen
2. Criticize or judge the other person
3. Moralize
4. Laugh at or tease the other person
5. Make the other person feel guilty
6. Compare the person to others
7. Talk behind the person's back
8. Say you already know everything about sexuality

COMMUNICATION BRIDGES

1. Listen
 - Make eye contact
 - Don't interrupt
 - Pay attention
 - Try to understand
 - Urge person to continue
2. Use I Language
 - "I feel ..."
 - "I want ..."
3. Focus on the issue
 - Identify the problem by saying "This is how I see the problem"
 - Offer possible solutions
4. Use humor
 - Laugh at yourself or the situation
5. Compliment what is good
6. Try not to be repetitive
7. Pick a good time to talk



SESSION IV: DECISIONS AND COMMUNICATION

[2 Hours]

Video: "Learning to Say No"

30 minutes

Roleplay Situations: Dealing With Peer Pressure

50 minutes

Break

10 minutes

Circle of Love

20 minutes

Evaluation

10 minutes

BEST COPY AVAILABLE

SESSION IV
CHECKLIST FOR MATERIALS

- _____ TV monitor
- _____ VHS video recorder
- _____ Video: "Learning to Say No"
- _____ Newsprint
- _____ Magic marker
- _____ Index cards prepared for "Dilemmas: Dealing with Peer Pressure"
- _____ Copies of handout, "Circle of Love"
- _____ Copies of handout, "Program Evaluation" (optional)

VIDEO: "LEARNING TO SAY NO"

Purpose: To review assertiveness rights and techniques. To encourage participants to practice assertive behavior.

Materials: VHS recorder; Video: "Learning To Say No: Part One" (Sunburst Communications); TV monitor.

Planning Note: Prepare two posters listing the "basic assertiveness rights" and "assertiveness techniques." Post these after viewing the first segment of the video. Basic rights include:

- o To act in one's own best interest;
- o To make a request;
- o To refuse a request; and
- o To change one's mind.

Assertiveness techniques include:

- o Say no or something simple and keep repeating it (like a broken record).
- o Take the offensive -- tell the other person how the pressure is making you feel.
- o If all else fails, walk away from the situation and refuse to discuss it.

Time: 30 minutes (video segment is 13 minutes).

Procedure: Introduce this activity by asking if anyone has ever heard of assertiveness. It is a big word that means standing up for your own rights -- speaking up for yourself -- stating your true feelings.

"Let's look at a video that reminds you about techniques for saying 'no.'" Show part one of the video. At the end of part one, discuss the situations. DO NOT ROLEPLAY THESE SITUATIONS. Tell the group that they will roleplay another set of situations in a few minutes.

Review the information on assertiveness rights and assertiveness techniques.

ROLEPLAY SITUATIONS: DEALING WITH PEER PRESSURE

Purpose: To practice assertiveness and following through on a decision in the face of peer pressure.

Materials: Leader Resource, "Pressure Dilemmas" and index cards with dilemmas written on them; newsprint sheet with three simple assertiveness techniques from the previous activity.

Time: 50 minutes.

Procedure: Ask participants to form small groups. Post the list of three assertiveness techniques and go over them one more time with the group.

Explain that in this activity they will practice assertiveness by roleplaying some situations commonly experienced by young teens. Pass out an index card to each group. Each group should:

- o Review the situation and the decision.
- o Decide who will play the roles.
- o Decide as a group how the person can be assertive and stand up to the friend.
- o Plan a very short roleplay -- about 3 minutes long.

Give the groups about 10 minutes to plan. Then have each group present its roleplay. After each roleplay, discuss:

1. Was the person assertive?
2. What technique(s) did he or she use?
3. How did the other person react?

Leader Resource

PRESSURE DILEMMAS

Directions: Put each situation on a separate index card or make up situations of your own that are appropriate for your group. Feel free to add roleplay situations from the video.

1. Jan's best friend, Laura, keeps talking to her about boys. Laura has a boyfriend and thinks Jan should too. Jan likes talking to Laura and doing things with her but she is tired of Laura making her feel dumb about not liking boys. How can Jan be assertive and get Laura to stop pressuring her to have a boyfriend?
2. Sue's parents asked her to come home directly from school each day. Jane wants Sue to stop off at Jane's house to see the new clothes that she and her mother bought over the weekend. Sue tells Jane she can't come but Jane keeps pressuring her to come anyway. How can Sue be assertive and say "no"?
3. Mike asked Shawn if he could borrow his (Shawn's) bike to go to soccer practice. This is a new bike and Shawn doesn't really want Mike to borrow it. Shawn hints around to let Mike know that he is uncomfortable, but Mike is very persistent; he says he will take good care of the bike. How can Shawn be assertive and say "no"? (If parents want to practice being assertive, they should substitute a car for the bike.)
4. Karen is visiting two new friends, Elaine and Sarah. Both Sarah and Elaine are older and more "grown up." The subject of sex comes up and both Sarah and Elaine talk about their experience. They ask Karen if she has had sex. Karen is a virgin and is happy about it, but Elaine and Sarah begin to tease her. Although Karen is a little embarrassed, how can she tell her new friends how she really feels about being a virgin?
5. Marlene and Roger have been going out for several months. Both are 15 years old. Roger wants to begin having sex; Marlene isn't sure she's ready and would like to wait. Roger says he will break up with her if she won't have sex with him. How can Marlene be assertive and tell Roger that she still likes him but she won't have sex with him?

CIRCLE OF LOVE

Purpose: To encourage positive communication between parents and children. To bring closure to the program.

Materials: Handout, "Circle of Love."

Time: 20 minutes.

Procedure: Tell the group that the program is almost over and you want to end on a very positive note. This activity will encourage parents and children to share what they like and appreciate about each other.

Pass out the handouts. Ask parents to write their child's name in the center circle; children will write their parent's name in the center circle. (If both parents attended, give the child two forms to complete.) Now they should write down characteristics or qualities about the person that they appreciate. Or, they could write down something the person does for them that they appreciate. Give one or two examples, then allow 5-10 minutes for parents and youth to complete the form.

Examples:

- qualities (characteristics about the person, such as friendliness, a sense of humor, a special talent, easy to talk to)
- behaviors (helping out at home, good hugs, helping with homework, playing games together)

After everyone has finished, ask family members to sit together and share what they have written with each other. Ask participants to do the following if they are comfortable:

- sit close, facing each other;
- touch in some way -- hold hands, touch knees, etc.;
- make eye contact; and
- listen.

After 10 minutes, bring the group back together to discuss the following points.

Discussion Points:

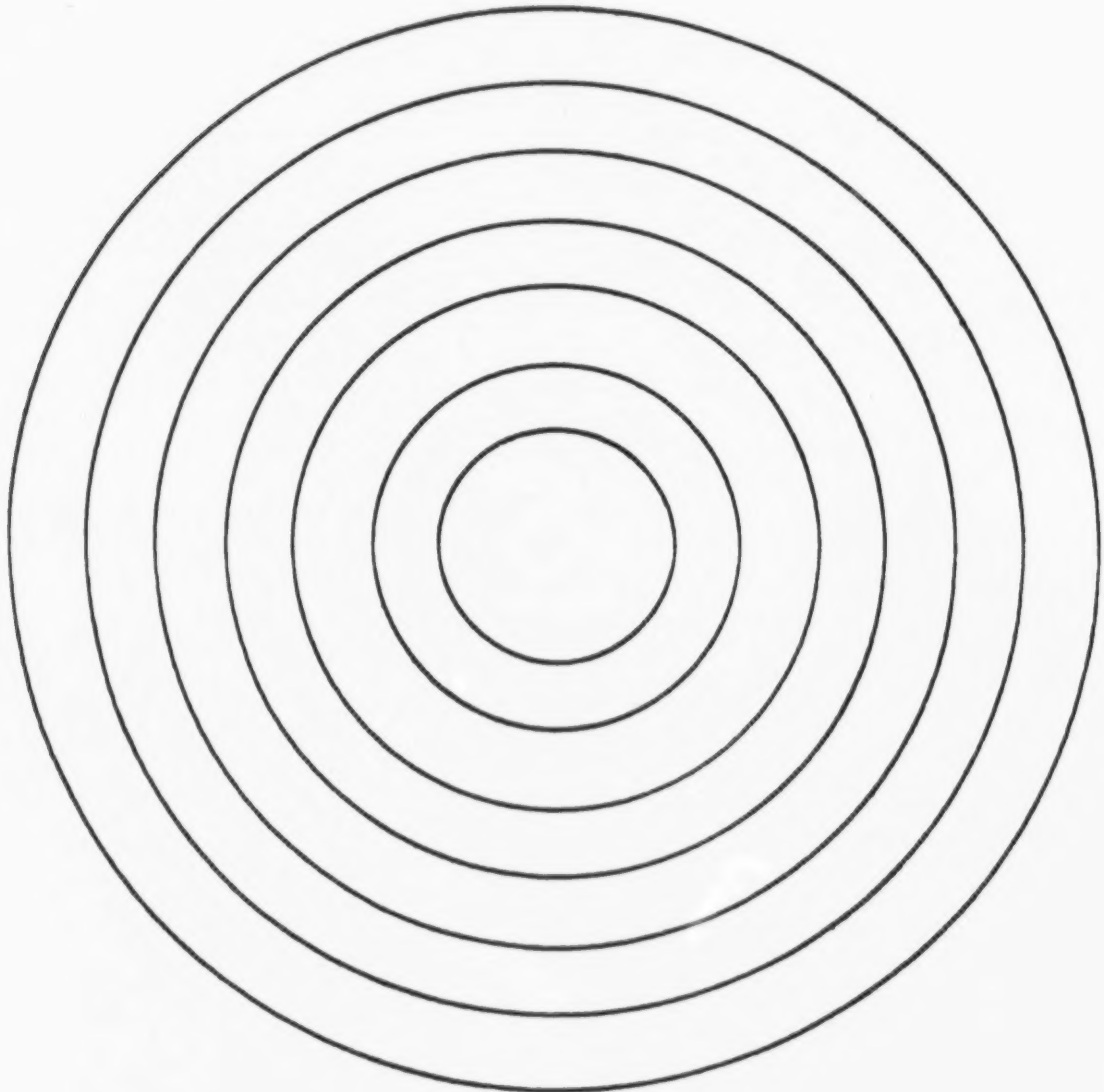
1. How was that activity?
2. How did you feel when you were told what there is about you that is really appreciated by your child or parent?
3. Make the point that it is important for families to share good feelings as well as bad.

Handout

CIRCLE OF LOVE

This exercise is a nice way to tell your child/parent what you especially like about them.

DIRECTIONS: Write your child's or your parent's name in the center circle. Using pencil (so you can change the order of items if you wish), list in order from center (most important) to outside (less important) their traits that result in their being special to you. After each of you have completed your work sheets, share them with one another. ENJOY!



Source: Family Life Education: Parent/Teen Homework. N. Abbey-Harris, Santa Cruz, CA: Network Publications, 1984.

EVALUATION

Purpose: To bring closure to the program. To help participants summarize what they have learned.

Materials: Handout, "Program Evaluation" (optional).

Time: 10 minutes.

Procedure: Tell the group that since this is the last session of the Family Communication Program, you want them to think about the whole program and review what they have learned. Pass out evaluations and have participants complete them, if appropriate.

Have the group discuss the following questions verbally:

1. Name one thing you've learned about your parent or your child.
2. Think for a moment about something that you might wish to work on or change in your family relationship. You don't need to share this unless you'd like to.
3. Now that the program is over, how do you feel about it? How do you feel about the idea of teenagers postponing sexual intercourse until they are older?
4. What activities were helpful?
5. What activities were not helpful?
6. How helpful was the leader?
7. What would you like to learn more about?

In your own words say good-bye and thank the group for their participation. Let them know that you have learned from them and that you'll miss seeing them.

Encourage group members to say good-bye to each other.

Handout

PROGRAM EVALUATION

Now that you have completed the "Families Talk About Sexuality" Program, please take a moment to provide us with the following information.

1. How good was the program?

_____	Excellent
_____	Good
_____	Average
_____	Fair
_____	Poor

2. How good was your leader?

_____	Excellent
_____	Good
_____	Average
_____	Fair
_____	Poor

3. How do you think this program has helped you? Please be specific?

4. What parts of this program did you like best?

5. What parts of the program did you like least?

6. How can we make this program better? (Give as many ideas as you want.)

APPENDICES

Appendix A - Part 1: Creating Your Own Brochure
Part 2: Sample Brochure

Appendix B - Facts About Adolescent Sexual Behavior

Appendix C - General Information on AIDS/ARC

Appendix A

PART 1: CREATING YOUR OWN BROCHURE

The "sample" brochure on page 119 is enclosed for your reference when marketing your program.

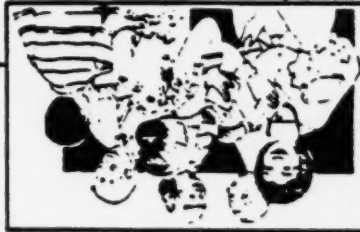
Follow the steps below to create a personalized FCP brochure for each program that you conduct.

- 1) Make one copy (on white paper) of the **original** brochure enclosed with your curriculum package. Do not write on the **original** as you will need it for your other programs.
- 2) Fill in all specific information about your program in the spaces allotted; include your name and address where indicated.
- 3) After you have completed the necessary information on the brochure, make one copy (on colored, heavier-weight paper if possible) for each family you plan to invite.
- 4) Address one brochure to each family; add postage, fold, staple, and mail. Once the brochures are mailed, it's a good idea to follow-up with a phone call.

Families can register by completing the lower portion of the brochure and returning it to you, keeping the upper portion for their information.

A Parent/Child
Program

Families Talk About Sexuality:



Counselor's Address:
AACD

5999 Stevenson Avenue

Alexandria, VA 22304

FAMILIES TALK ABOUT SEXUALITY

. . .

Place: Lincoln Elem.

Alexandria, VA

Time: 7:00-9:00 PM

Dates: 1/4, 11, 18, 25/
1988

Leader: Karen Tracy

Phone: 703-823-9800

Please join us!

PLACE
STAMP
HERE

Mail to: _____

Counselor's Name & Address:

Karen Tracy

AACD

5999 Stevenson Avenue

Alexandria, VA 22304

So much of today's society seems to be saturated with sex. Children bear "sexy" messages from the media and learn misinformation from their friends. Yet many adults believe that sexuality is not something to talk about. When parents don't talk to their children, other sources provide information, and much of it is incorrect. While many parents want to talk openly and honestly with their own children about puberty, reproduction, and their values about sexual behavior, they often don't know how, when, or what to say! Do parents have to be silent?

"Families Talk About Sexuality" is a program that ends the silence. It enables family members to obtain information about sexuality, share attitudes and opinions, and learn important communication skills—all while having fun. Program activities have been designed for parents and their children ages 10 to 13. They include films, small group discussions and games.

Session One – For Parents Only

- How have parents learned about sexuality?
- How to talk about sex (even if you feel uncomfortable)
- Practicing communication

Session Two – Puberty

- Getting acquainted
- Body changes and reproduction
- How to cope with all the changes

Session Three – Information and Values

- Myths and facts about sexuality
- Teen sexual behavior: What's right for your family?
- Begin a "family conversation"

Session Four – Decisions and Communication

- Peer pressure
- Learning to say "No"
- Practicing communication

(Please complete the information below, place this form in an envelope, return to address on the back, and keep upper portion so you will know where and when the program is to be held.)

Continuing dotted line

Refreshments Served!

YOUR FAMILY IS INVITED!

Come and Enjoy!

PLACE: Lincoln Elementary School, Alexandria, VA TIME: 7:00-9:00 PM

DATES: 1/4/88 (Parents Only) 1/11, 18, 25/88 (Parents and Children)

PROGRAM LEADER: Karen Tracy PHONE: 703-823-9800

AGENCY: American Association for Counseling and Development

REGISTER NOW!

PARENT(S) OR GUARDIAN(S) NAME: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

HOW MANY ADULTS WILL ATTEND? _____ HOW MANY CHILDREN (AGES 10-13) WILL ATTEND? _____

Appendix B

FACTS ABOUT ADOLESCENT SEXUAL BEHAVIOR

PREGNANCY AND PARENTHOOD

Is there a sexual revolution today? Are today's teenagers much different from teenagers of 20-30 years ago? Certainly attitudes are different today. Adolescents were expected to be chaste then. Now, sexual activity seems to be more acceptable to the youth peer group and society in general. Not all teenagers were virgins then, but about half are sexually active now.

More adolescence are getting pregnant now. Why?

- Girls and boys are maturing sexually at an earlier age.
- Girls are able to conceive earlier, in part because more girls are beginning to menstruate at younger ages.
- General health is better.
- More teenagers are having intercourse at an earlier age.

The media bombards us with sexual messages. Magazines, television, and books continuously present information and attitudes about sexuality. Some are constructive messages; most are confusing or misleading, such as telling youth that "everybody is having sex."

FACTS ABOUT SEXUAL BEHAVIOR

- In the United States today, 11.6 million teenagers between 13 and 19 years of age have had sexual intercourse:
 - 5 million females -- seven of every ten by age 20.
 - 6.5 million males -- eight of every ten by age 20.
- The average age for a woman to have intercourse for the first time is 16.2 years, for a man 15.7 years.
- Sexual activity increased among U.S. teenagers in the 1970s, but began to decline in the early 1980s.
- Black teenagers begin sexual activity earlier and have higher pregnancy rates than white teenagers. However, pregnancy rates among black teenagers, aged 15-19, are decreasing.
- Teenagers have intercourse infrequently with few partners: in studies, 38% of girls reported that they had had no intercourse in the previous month. Some respondents had had intercourse only once or "a few times." Three out of five girls had had only one partner.
- Most intercourse takes place in the parent's home: The Youth Values Project revealed that 61% of sexually active girls and 47% of boys had intercourse in their own homes.

- Social indicators of teenagers who are likely to have intercourse:
 - a. No hope of achieving their future goals
 - b. A serious relationship with a partner
 - c. A single-parent household
 - d. Alienation from parents and society
 - e. Weak religious beliefs

FACTS ABOUT ADOLESCENT PREGNANCY

- Four of every ten females become pregnant before they turn 20 years old. More than one in every ten teen women get pregnant each year.
- Teens aged 15-19 experienced 1.1 million pregnancies in 1981, a rate of 110 pregnancies/1,000 -- one of the highest rates among developed nations -- while teens aged 14 or younger experienced 28,000 pregnancies. The rate of pregnancies among teens under 15 has increased by 12% since 1973.
- Those teenagers who have intercourse before they are 16 years old are nearly two times more likely to get pregnant in the first 6 months than are those who wait until 18 or 19 to begin sexual activity. This is primarily because younger teenagers are less likely to use contraception effectively.
- One-fifth of all premarital pregnancies among teens occur within the first month after commencing sexual intercourse; one-half occur in the first six months.
- Most adolescent pregnancies are unintended: 66%.
- Many adolescent pregnancies end in abortion: approximately 40%.
- Risk of complications for younger teenagers: higher rates of infant mortality, toxemia, anemia, prematurity, low birth weight babies.

FACTS ABOUT ADOLESCENT PARENTHOOD

- Pregnancy is the most frequent reason that young women give for dropping out of school. Only 50 percent of teenage women who give birth before age 18 ever complete high school, compared to 96 percent of those who don't have children before age 20.
- Only seventy percent of teenage men who become fathers complete high school, compared to 95 percent of those who don't become parents as teens.
- Teenage mothers earn about 50 percent of the income of those mothers who first give birth in their 20s.

- Seventy-one percent of AFDC (Aid to Families with Dependent Children) recipients under 30 years of age had their first child in their teens.

References

- Alan Guttmacher Insititute, Teenage Pregnancy: The Problem That Hasn't Gone Away, New York, 1981.
- Alan Guttmacher Institute, "United States and Cross-National Trends in Teenage Sexual and Fertility Behavior," New York, compiled 1985.
- Card, J. and Wise, L. "Teenage Mothers and Teenage Fathers: The Impact of Early Childbearing on the Parents' Personal and Professional Lives," Family Planning Perspectives, July/August 1978.
- Lewis, H.R. and Lewis, M.E. The Parents' Guide to Teenage Sex and Pregnancy, New York, St. Martin's Press, Inc., 1980.
- Moore, K. and Burt, M. Teenage Childbearing and Welfare: Policy Perspectives on Sexual Activity, Pregnancy, and Public Dependency, The Urban Institute, 1981.
- Moore, K. Teenage Motherhood: Social and Economic Consequences, The Urban Institute, Washington, D.C., 1979.
- Pratt, W. and Hendershot, G. "The Use of Family Planning Services by Sexually Active Teenage Women," unpublished paper presented at the annual meeting of the Population Association of America, 1984.
- Ross, S. The Youth Values Project, Washington, D.C., The Population Institute, 1978.
- Zabin, L.S. and Clark, S.D. "Institutional Factors Affecting Teenagers' Choice and Reasons for Delay in Attending a Family Planning Clinic", Family Planning Perspectives, Vol.11, January/February 1983, pp. 25-29.
- Zabin, L.S., Kantner, J.F., and Zelnick, M. "The Risk of Adolescent Pregnancy in the First Months of Intercourse", Family Planning Perspectives, Vol. 15, July/August 1979, pp. 215-222.
- Zelnick, M. and Kantner, J.F. "Sexual Activity, Contraceptive Use, and Pregnancy Among Metropolitan-Area Teenagers: 1971-1979," Family Planning Perspectives, September/October 1980.

Appendix C

GENERAL INFORMATION ON AIDS/ARC

1. What exactly is AIDS?

AIDS, Acquired Immune Deficiency Syndrome, is a viral disease that destroys a person's ability to fight off infections and diseases. The virus that causes AIDS, HIV or human immunodeficiency virus, can so weaken a person's immune system that she/he cannot fight off even mild infections and eventually becomes vulnerable to life-threatening infections and cancers.

2. What are the symptoms?

The symptoms of AIDS vary, but usually include night sweats, weight loss, skin rashes, repeated infections that result in persistent diarrhea, swollen lymph glands, fatigue, fevers or a persistent cough. After months or years from the time an individual is initially infected with the HIV virus, pneumonia, cancers, and other illnesses -- many of them rare -- may develop. People can develop symptoms of HIV infection as early as one week after exposure to HIV or as late as 10 or more years after exposure.

3. What is the difference between AIDS and ARC?

Acquired Immune Deficiency Syndrome (AIDS) is a medical condition that is the result of a natural progress of infection by the HIV virus. Only a qualified health professional can diagnose AIDS. AIDS Related Complex (ARC) is a condition in which symptoms similar to those of AIDS are present but the person has not had a severe or life-threatening illness. Some individuals with ARC will progress to AIDS. Many others may be infected with HIV virus and may not develop symptoms of either AIDS or ARC. However, these people CAN transmit the virus to others.

4. How can AIDS be transmitted?

The HIV virus has been found in the blood, semen, vaginal mucous, and saliva of people with AIDS; therefore, any blood-to-blood contact as well as intimate sexual contact involving the exchange of body fluids could transmit the disease to others. The virus that causes AIDS is most commonly transmitted through unprotected anal intercourse with an infected partner and through the sharing of intravenous drug needles or syringes with an infected partner. It can also be transmitted by vaginal, and possibly oral intercourse. To prevent HIV infection, people should avoid the following high risk behaviors:

- sharing needles;
- engaging in anal intercourse;
- having intercourse of any type without a condom;
- having sexual intercourse with multiple partners; and
- handling blood products without latex gloves.

AIDS can be passed from man to man, man to woman, woman to man and woman to baby. There is only one case where AIDS passed from woman to woman during sexual contact. Two people who know that they have not been exposed to HIV and have sex exclusively with one another are not at risk of AIDS infection.

5. Can children get AIDS/ARC from adults or each other?

Children, like adults, can only contract this disease by exchanging body fluids such as blood, semen, and vaginal secretions with a person who has been infected with the HIV virus. The children who are known to have the disease became infected through exposure to their mother's blood during pregnancy or in the course of childbirth, from a blood transfusion or from blood products used in treating hemophilia (a blood disease in men).

6. Can you get rid of AIDS? If not, are there any developments in that direction?

There is no known cure at present since this is a new disease. It is known that not everyone who has actually been infected with the HIV virus actually develops AIDS. Now that the virus has been identified, the potential exists to develop a vaccine in the future.

7. Do all people with AIDS die?

To date most people with AIDS have died within five years. The average life expectancy for people with AIDS is 18 months to two years. A drug called AZT has been used with some people to prevent the AIDS syndrome from getting worse. The effectiveness of AZT treatment depends on the type of disease that an AIDS patient has.

8. What medical progress is occurring relative to AIDS/ARC?

Scientists at the National Cancer Institute in 1984 determined that a virus (HIV) is the primary cause of AIDS. This discovery has made it possible to develop a test to determine who has been exposed to the virus that causes AIDS. This test is being used to screen donated blood to reduce the risk of transmission through transfusions of blood products.

9. What is the test used to screen donated blood?

The HIV antibody blood test measures the presence of antibodies to the virus that causes AIDS. If positive, it indicates that a person has been exposed to the virus that causes AIDS. It does not determine if one has AIDS, will develop AIDS or is communicable at any given time. Since 1985, donated blood has been screened by this test so the chance of being exposed to HIV through transfusions is very small.

10. Are you positive AIDS can't be caught from toilet seats, drinking out of the same cups, etc?

With current information, there is no evidence that could lead us to assume that the virus that causes AIDS can survive sufficiently outside the body and infect others. This has been a concern for many diseases. Toilet seats have not been demonstrated to be the source of infection for any of these many diseases. Sharing common cups is a possible means of transmission of agents capable of infecting the mouth or throat (e.g., influenza or the common cold) and should generally be discouraged. The virus that causes AIDS is not such a virus. AIDS is NOT spread through casual, everyday contact such as shaking hands, sharing food, towels, bathing in pools, etc.

11. How about spit/saliva? Are you 100 percent positive that this can't transmit AIDS?

On the basis of current medical research, the chances of becoming infected with HIV by coming into contact with saliva are very, very small. A study of the families of 45 adults with AIDS found that none of their children became infected with HIV even though family members shared kitchen and bathroom facilities. From everything that has been studied, there has been no documentation of transmittal of the disease by saliva.

12. Can heterosexuals really get AIDS?

Yes, heterosexuals can get AIDS if they are exposed to the virus that causes AIDS. Heterosexuals can get AIDS if they share a contaminated needle to shoot drugs or if they have sex with a partner who has been exposed to the virus that causes AIDS. The number of heterosexuals who get AIDS is increasing rapidly. It is dumb to think that you can't get AIDS if you are not gay or bisexual.



PLEASE NOTE



Talking comfortably with parents and children about sexuality issues is a challenging task. Unless you are an **EXPERIENCED** sexuality educator, we **strongly** encourage you to attend a "Families Talk About Sexuality" training where you will learn **specific information** and **skills** necessary for implementing this curriculum.

Listed below are 28 counselor trainers who are conducting "Families Talk About Sexuality" workshops in their states and surrounding areas. Please contact the trainer closest to you for further information about a training workshop.

COUNSELOR TRAINERS (BY STATE)

ALABAMA

Laetitia Hutchinson
Gadsden, AL
205-547-5219 (W)

ARIZONA

Nettie Ball Obleton
Tempe, AZ
602-345-9100
602-839-1706

Ann Price
Tucson, AZ
602-297-7331 (W)
602-326-6381 (H)

COLORADO

Michael Horton
La Junta, CO
719-456-0211 (W)
719-384-5661 (H)

WASHINGTON, DC

Elaine Black
Washington, DC
202-576-7630 (W)
202-387-3811 (H)
and
Marian Howard
Washington, DC
202-767-8021 (W)
202-399-1876 (H)

INDIANA

David Jones
Chesterton, IN
219-926-2171 (W)
219-462-8818 (W)
219-926-5357 (H)

IOWA

Marcia Dingman
Davenport, Iowa
319-332-5575 (W)
319-355-8186 (H)

KENTUCKY

Jewelene Richards
Louisville, KY
502-459-9543 (H)

MARYLAND

Carl Barham
Columbia, MD
301-336-8304 (W)
301-997-2641 (H)

MISSOURI

Marion Tyson
University City, MO
314-352-6085 (W)
314-645-4845 (W)
314-726-4731 (H)

NEBRASKA

Kay Kronholm
Omaha, NE
402-895-8446 (W)
402-895-3406 (H)

NEW JERSEY

Barry Mascari
Hawthorne, NJ
201-470-2291 (W)
and
Aviva Sanders-Mascari
Hawthorne, NJ
201-423-1781 (H)

NEW MEXICO

Rose Anne Hartman
Las Cruces, NM
505-525-0101 (W)
505-521-3879 (H)

NEW YORK

Joyce Morley-Ball
Rochester, NY
716-436-0624 (W)

OHIO

Carol Stanley
New Philadelphia, OH
216-339-6631 x219 (W)
216-453-2649 (H)

PENNSYLVANIA

John Worzbyt
Indiana, PA
412-357-2306 (W)

RHODE ISLAND

Debra Catley
Warwick, RI
401-724-1320 (W)

TEXAS

Joleta Edinburgh
Crosbyton, TX
806-634-5518 (W)
806-675-2617 (H)
Norma Fernandez
Houston, TX
713-420-5706 (W)
713-488-7963 (H)

and

Carmen Shinn
La Marque, TX
713-482-4420 (W)
409-935-2689 (H)
Jeanette Lawrence
San Antonio, TX
512-681-0720 (W)

Bonnie Pierson
Austin, TX
512-263-3144 (W)
512-263-5234 (H)

Ken Sharp
Irving, TX
214-869-4535 (W)

VIRGINIA

LaVerne Spurlock
Richmond, VA
804-780-7808 (W)
804-266-0201 (H)
Ruth Swann
Norfolk, VA
804-623-8701 (W)
804-623-5876 (H)

WISCONSIN

Carole Glynn
Kenosha, WI
414-656-6276 (W)
414-694-8126 (H)

Counselor's Name & Address:

Mail to:

Please join us!

Phone: _____

Leader: _____

Dates: _____

Time: _____

Place: _____

.....

FAMILIES TALK
ABOUT SEXUALITY

PLACE
STAMP
HERE

BEST COPY AVAILABLE

Counselor's Address:

Families Talk About Sexuality:

A Parent/Child
Program



So much of today's society seems to be saturated with sex. Children hear "sexy" messages from the media and learn misinformation from their friends. Yet many adults believe that sexuality is not something to talk about. When parents don't talk to their children, other sources provide information, and much of it is incorrect. While many parents want to talk openly and honestly with their own children about puberty, reproduction, and their values about sexual behavior, they often don't know how, when, or what to say! Do parents have to be silent?

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- How have parents learned about sexuality?
- How to talk about sex (even if you feel uncomfortable)
- Practicing communication

Session Two – Puberty

- Getting acquainted
- Body changes and reproduction
- How to cope with all the changes

Session Three – Information and Values

- Myths and facts about sexuality
- Teen sexual behavior: What's right for your family?
- Begin a "family conversation"

Session Four – Decisions and Communication

- Peer pressure
- Learning to say "No"
- Practicing communication

(Please complete the information below, place this form in an envelope, return to address on the back, and keep upper portion so you will know where and when the program is to be held.)

Cut along dotted line

Refreshments Served!

YOUR FAMILY IS INVITED!

Come and Enjoy!

PLACE: _____ TIME: _____

DATES: _____ (Parents Only) _____ (Parents and Children)

PROGRAM LEADER: _____ PHONE: _____

AGENCY: _____

REGISTER NOW!

PARENT(S) OR GUARDIAN(S) NAME: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

HOW MANY ADULTS WILL ATTEND? _____ HOW MANY CHILDREN (AGES 10-13) WILL ATTEND? _____